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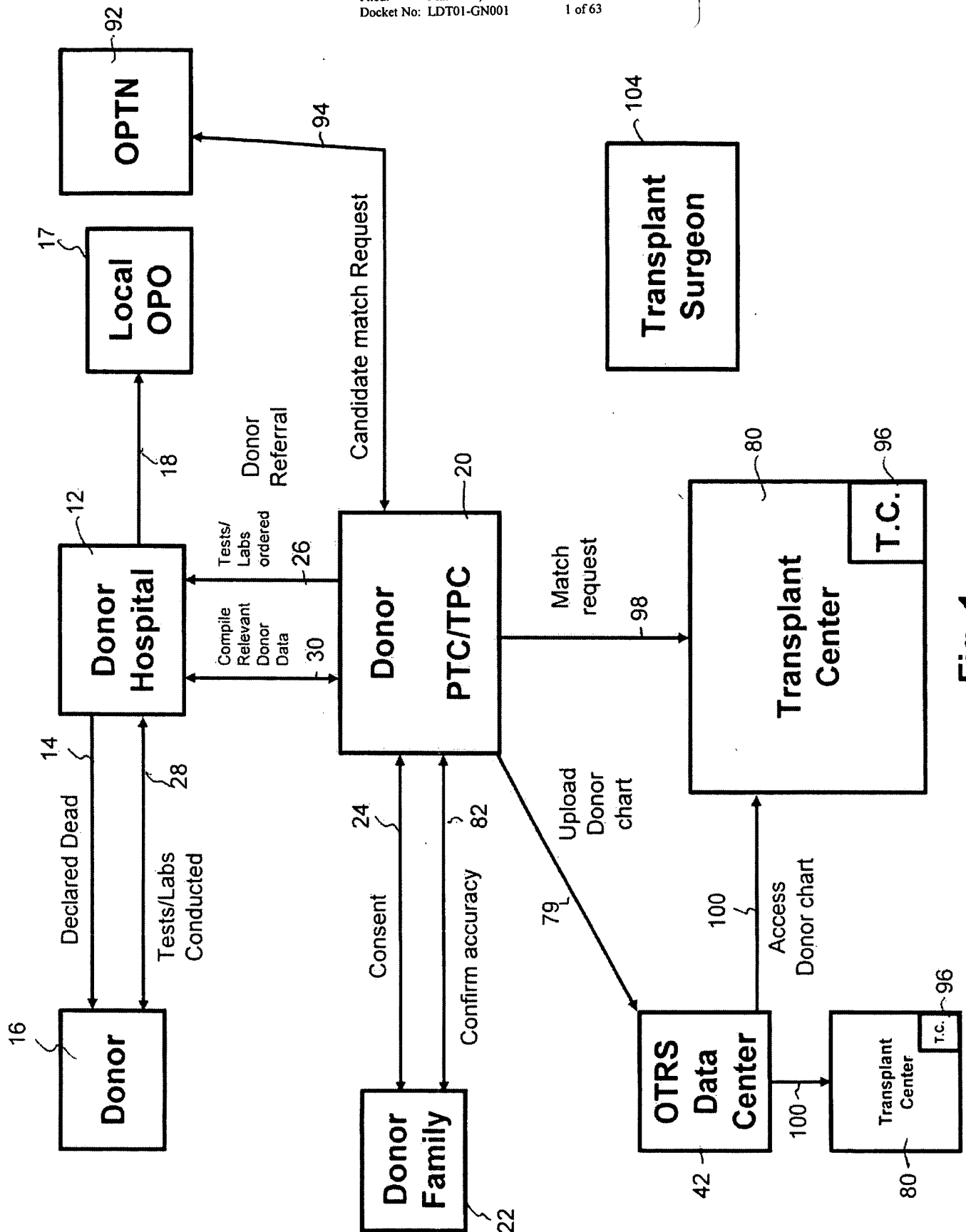
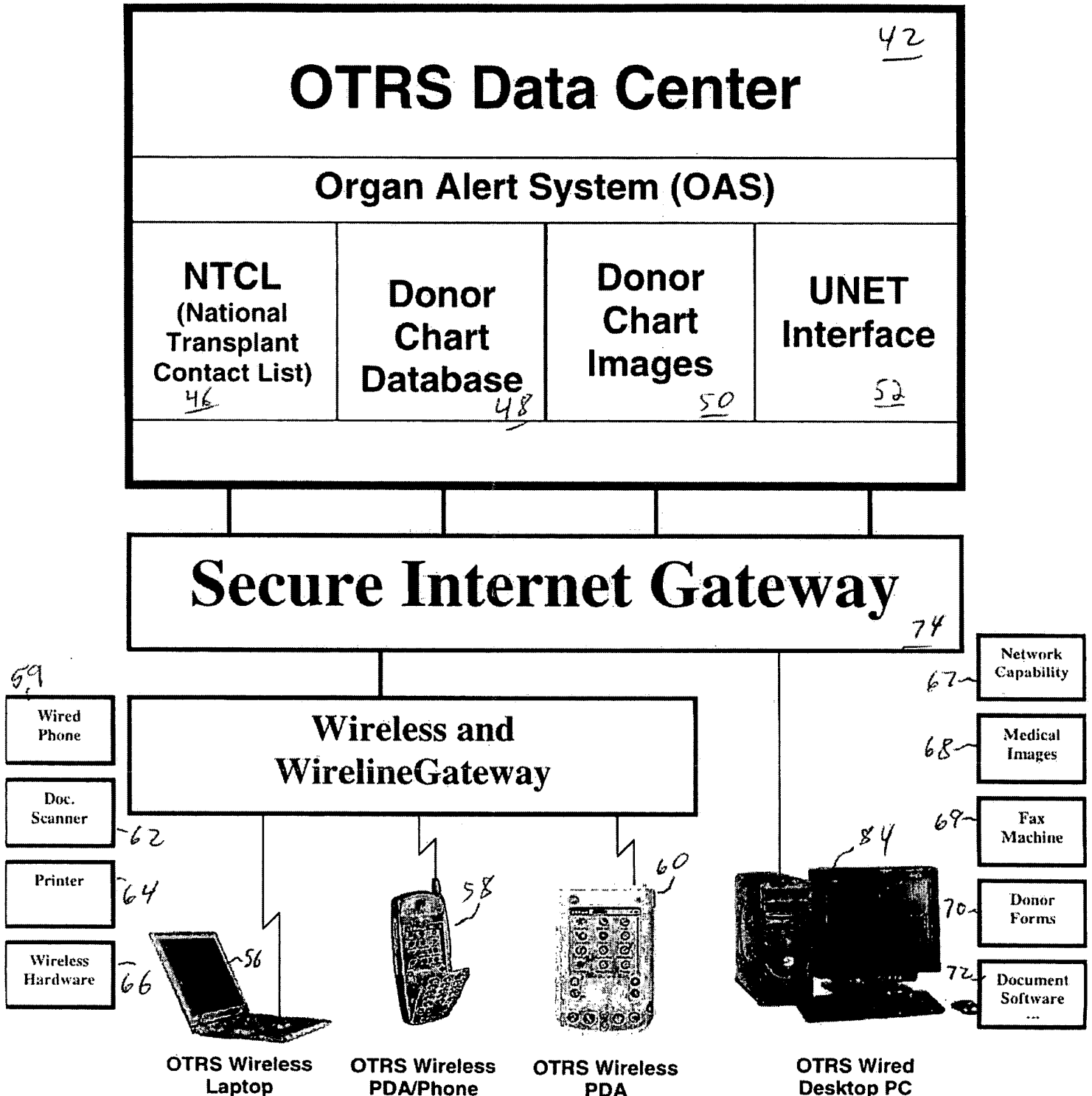


Fig. 1

# OTRS

## System Architecture



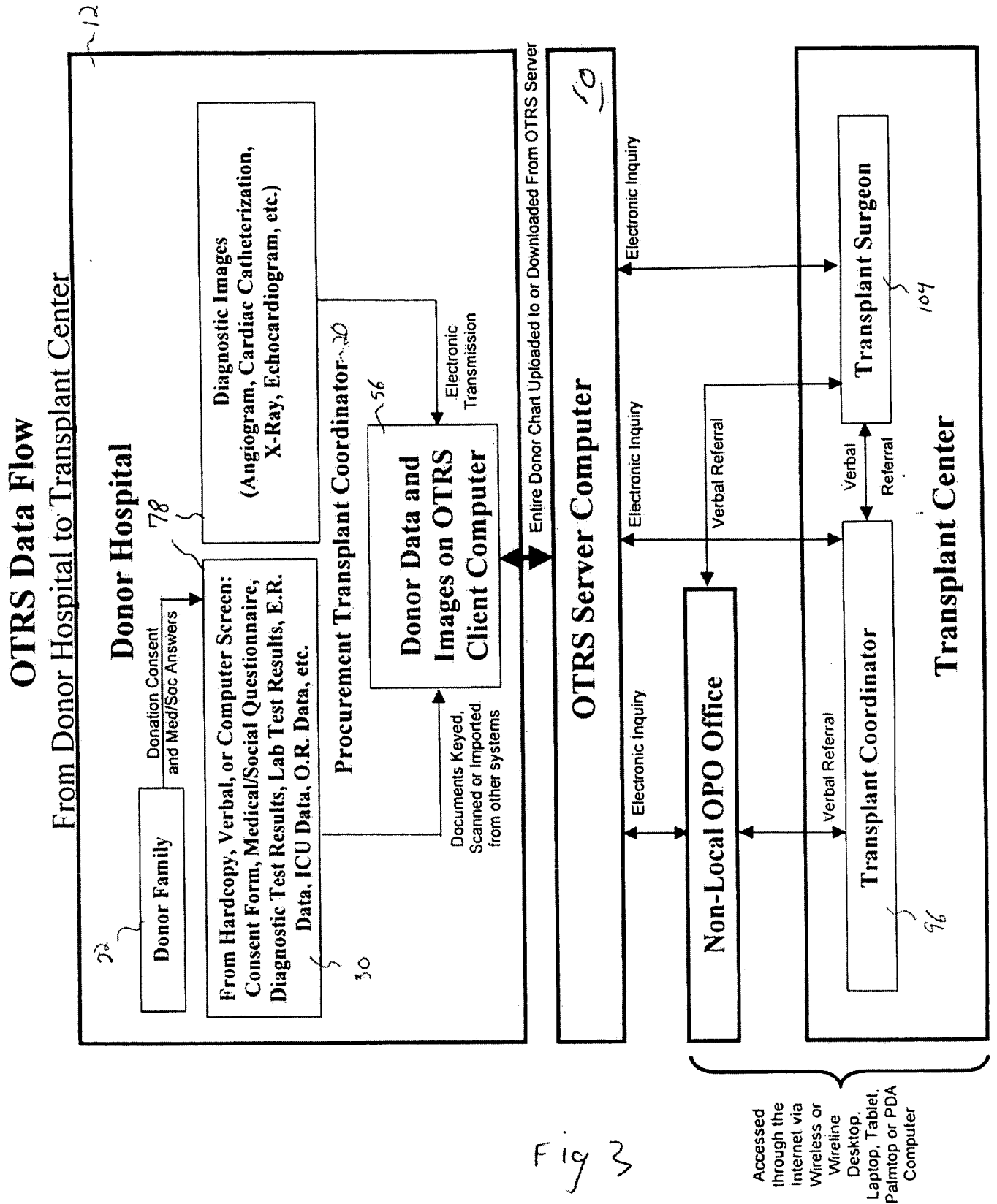


Fig 3

# **CONFIDENTIAL DONOR FORM**

## **DONOR IMPRINT**

☐ No. LA    ☐ So. LA    ☐ Central LA    ☐ MM  
☐ OC    ☐ IE    ☐ Kern

☐ Recovered    ☐ Consented But Not Recovered    ☐ Consent Rescinded

OneLegacy # \_\_\_\_\_ UNOS ID # \_\_\_\_\_ Medical Record # \_\_\_\_\_  
 Recovery date/crossclamp time \_\_\_\_\_ Coordinator name(s) \_\_\_\_\_

## **DONOR INFORMATION**

Donor Hospital \_\_\_\_\_ Provider # \_\_\_\_\_ Hospital Unit \_\_\_\_\_  
 City/State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Date/Time Admission \_\_\_\_\_ Fax # \_\_\_\_\_  
 Date/Time of Referral \_\_\_\_\_ Referring Person \_\_\_\_\_  
 Date/Time of Arrival \_\_\_\_\_ Attending Physician \_\_\_\_\_

Donor Name \_\_\_\_\_  
 SSN \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Race \_\_\_\_\_  
 Active Military ☐ Yes ☐ No ☐ Unknown  
☐ U.S. Born ☐ Not U.S. Born ☐ U.S. Citizen  
 How long lived in U.S. \_\_\_\_\_ yrs.  
 Donor Occupation: \_\_\_\_\_  
 Ethnicity ☐ Not Hispanic origin  
                   ☐ Hispanic: Mexican ☐ Hispanic: other  
 HLA A \_\_\_\_\_ B \_\_\_\_\_ DR \_\_\_\_\_ C \_\_\_\_\_  
 ABO \_\_\_\_\_ Rh \_\_\_\_\_ Sub \_\_\_\_\_

Cause of Death (See Codes) \_\_\_\_\_  
 Mechanism of Death (See Codes) \_\_\_\_\_  
 Circumstances of Death (See Codes) \_\_\_\_\_  
☐ Brain Death Pronounced ☐ Asystole  
 Date/Time \_\_\_\_\_ MD/DO \_\_\_\_\_  
 Date/Time \_\_\_\_\_ MD/DO \_\_\_\_\_  
 Method(s) Used \_\_\_\_\_  
 M.E./Coroner Case ☐ Yes ☐ No  
 Permission for donation ☐ Yes ☐ No Case# \_\_\_\_\_  
 Restrictions/Denial reason(s) \_\_\_\_\_  
 Name of M.E./Coroner \_\_\_\_\_  
 Date/Time of Contact \_\_\_\_\_  
 Autopsy ☐ Yes ☐ No

## **CONSENT INFORMATION**

Donor Card ☐ Yes ☐ No ☐ Unknown Date/Time of Consent \_\_\_\_\_ Request made by \_\_\_\_\_  
 (NOK) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ NOK Telephone # \_\_\_\_\_  
 Funeral Home \_\_\_\_\_

Organ	Consent Requested?	If not requested, write reason	Consent obtained?	If not, give reason
Kidney.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Liver.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Intestine.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Pancreas.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Heart.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lung.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Tissue.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Tissue Bank \_\_\_\_\_ Tissue Bank Coordinator \_\_\_\_\_  
 Consent for Research ☐ Yes ☐ No ☐ Other \_\_\_\_\_

Fig. 4

Title: SECURE NETWORK GATEWAY FOR  
 ACCESSIBLE PATIENT DATA AND TRANSPLANT  
 DONOR DATA

Inventor: Kalthoff, Robert Michael  
 S/N: [new nonprovisional application]

Filed: March 31, 2004

Docket No: LDT01-GN001

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DONOR NAME \_\_\_\_\_ UNOS # \_\_\_\_\_

Admission toxicology screen results: \_\_\_\_\_

Two blank human silhouettes, one facing forward and one facing backward, for drawing. The silhouettes are simple outlines of a person's body, including the head, torso, arms, and legs. They are positioned side-by-side within a rectangular frame.

F. 9. 5

# CONFIDENTIAL DONOR FORM

DONOR NAME \_\_\_\_\_ UNOS # \_\_\_\_\_

## INITIAL PHYSICAL ASSESSMENT

Examination performed by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## PHYSICAL EXAMINATION

### PULMONARY

Tubes	<input type="checkbox"/> Endotracheal		Performed	<input type="checkbox"/> Prehospital	<input type="checkbox"/> Hospital
	<input type="checkbox"/> Left Chest	<input type="checkbox"/> Right Chest	Performed	<input type="checkbox"/> Prehospital	<input type="checkbox"/> Hospital
Decompression	<input type="checkbox"/> Left Chest	<input type="checkbox"/> Right Chest	Performed	<input type="checkbox"/> Prehospital	<input type="checkbox"/> Hospital
Breath Sounds	<input type="checkbox"/> Even	<input type="checkbox"/> Uneven	<input type="checkbox"/> Absent left/right	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Clear
	<input type="checkbox"/> Rales left/right	<input type="checkbox"/> Rhonchi left/right	<input type="checkbox"/> Decreased left/right		

### CARDIOVASCULAR

Lines	<input type="checkbox"/> PA cath	<input type="checkbox"/> CVP	<input type="checkbox"/> Arterial line
Heart Rhythm	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular	
Heart Tones	<input type="checkbox"/> Normal	<input type="checkbox"/> Murmur	<input type="checkbox"/> Rub
Periph. Pulses	<input type="checkbox"/> Present	<input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> Absent
Periph. Edema	<input type="checkbox"/> Present	<input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> Absent

### INTEGUMENTARY

Color	<input type="checkbox"/> Pink	<input type="checkbox"/> Dusky	<input type="checkbox"/> Pale	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Other
	<input type="checkbox"/> Bruises	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Tattoos	<input type="checkbox"/> Track marks	<input type="checkbox"/> Piercings

### GASTROINTESTINAL

DPL	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Result _____
Tubes	<input type="checkbox"/> NG	<input type="checkbox"/> Gastrostomy	<input type="checkbox"/> Surgical drains
Abdomen	<input type="checkbox"/> Incisions	<input type="checkbox"/> Surgical scars	<input type="checkbox"/> Other scars (describe below)
	<input type="checkbox"/> Soft	<input type="checkbox"/> Firm	<input type="checkbox"/> Non-distended <input type="checkbox"/> Distended
	<input type="checkbox"/> + bowel sounds	<input type="checkbox"/> No bowel sounds	

### GENITOURINARY

Urine Volume	<input type="checkbox"/> <100 cc/hr	<input type="checkbox"/> 100 - 500 cc/hr	<input type="checkbox"/> >500 cc/hr	<input type="checkbox"/> Anuric
Appearance	<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Hematuria	

### MUSCULOSKELETAL

Fractures	<input type="checkbox"/> Closed	<input type="checkbox"/> Compound/open	<input type="checkbox"/> Dressings/splints	<input type="checkbox"/> Traction	<input type="checkbox"/> None
-----------	---------------------------------	--	--	-----------------------------------	-------------------------------

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fig. 6

Title: SECURE NETWORK GATEWAY FOR  
ACCESSIBLE PATIENT DATA AND TRANSPLANT  
DONOR DATA

Inventor: Kalthoff, Robert Michael  
S/N: [new nonprovisional application]  
Filed: March 31, 2004  
Docket No: LDT01-GN001

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CONFIDENTIAL DONOR FORM

Donor Name \_\_\_\_\_ UNOS ID # \_\_\_\_\_

## LAB PROFILE

[illegible][illegible]

**Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA**

**DONOR DATA**  
Inventor: Kalthoff, Robert Michael  
S/N: [new nonprovisional application]  
Filed: March 31, 2004  
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Fig. 7



Donor Name \_\_\_\_\_ UNOS ID # \_\_\_\_\_

[illegible]

Cultures	Date Drawn	24 hour result	Date	48 hour result	Date	Final result/ Sensitivities
Blood						
Blood						
Urine						
Sputum						
Sputum GS						

[illegible][illegible]

Fig. 8

## UNOS ID #

## HEMODYNAMICS/TEMPERATURE

[illegible][illegible]

Blood Products

Fig. 9

# CONFIDENTIAL DONOR FORM

Donor Name \_\_\_\_\_

UNOS ID # \_\_\_\_\_

## CARDIAC DATA

EKG ☐ Normal ☐ Abnormal

Date / Time \_\_\_\_\_ Consulting Physician \_\_\_\_\_

Interpretation \_\_\_\_\_

☐ 2D ECHO ☐ TRANS-ESOPHAGEAL ECHO

Date / Time \_\_\_\_\_ Consulting Physician \_\_\_\_\_

Interpretation \_\_\_\_\_

CVP _____	EF _____	BP _____	HR _____	Cardiac rhythm _____
CO _____	CI _____	PAWP _____	SF _____	PA pressure _____
Pressors <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Dopamine	Dosage _____	<input type="checkbox"/> Epinephrine	Dosage _____
	<input type="checkbox"/> Dobutamine	Dosage _____	<input type="checkbox"/> Neosynephrine	Dosage _____
	<input type="checkbox"/> Other	Dosage _____		

### ANGIOGRAPHY

Date / Time \_\_\_\_\_ Consulting Physician \_\_\_\_\_

Interpretation \_\_\_\_\_

## PULMONARY DATA

### CXR

Date / Time \_\_\_\_\_ / \_\_\_\_\_

Interpretation/Comment \_\_\_\_\_

Change from previous CXR ☐ Yes ☐ No

### CXR

Date / Time \_\_\_\_\_ / \_\_\_\_\_

Interpretation/Comment \_\_\_\_\_

Change from previous CXR ☐ Yes ☐ No

### BRONCHOSCOPY

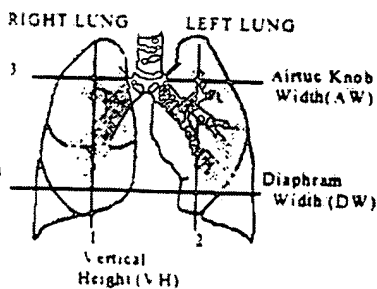
Date / Time \_\_\_\_\_ / \_\_\_\_\_

Consulting Physician \_\_\_\_\_

Interpretation \_\_\_\_\_

Bronchial washings sent for culture/gram stain? ☐ Yes ☐ No Result \_\_\_\_\_

## CHEST MEASUREMENTS



1. Length of Right Lung \_\_\_\_\_
2. Length of Left Lung \_\_\_\_\_
3. Aortic Knob Width \_\_\_\_\_
4. Diaphragm Width \_\_\_\_\_
5. Chest Circ./Landmark \_\_\_\_\_
6. Dist. RCPA to LCPA \_\_\_\_\_
7. Total Lung Capacity \_\_\_\_\_
8. Vital Capacity \_\_\_\_\_

### Males

TLC = (0.084 x Ht. cm) -  
 (0.015 x Age in Yrs) - 9.167  
 VC = (0.084 x Ht. cm) -  
 (0.031 x Age in Yrs) - 5.335  
**Females**  
 TLC = (0.079 x Ht. cm) -  
 (0.008 x Age in Yrs) - 7.49  
 VC = (0.052 x Ht. cm) -  
 (0.018 x Age in Yrs) - 4.36  
 [1 inch = 2.54 cms]

Ultrasound \_\_\_\_\_

Fig. 10

Title: SECURE NETWORK GATEWAY FOR  
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Inventor: Kalthoff, Robert Michael  
 S/N: [new nonprovisional application]  
 Filed: March 31, 2004  
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# CONFIDENTIAL DONOR FORM

Donor Name \_\_\_\_\_ UNOS ID # \_\_\_\_\_

## INTRAOPERATIVE MANAGEMENT

Enter OR .....	Date .....	Time .....	Circle Zone (ET) (CT) (MT) (PT)
Incision .....	Date .....	Time .....	Circle Zone (ET) (CT) (MT) (PT)
Clamp .....	Date .....	Time .....	Circle Zone (ET) (CT) (MT) (PT)
Exit OR .....	Date .....	Time .....	Circle Zone (ET) (CT) (MT) (PT)
Average BP .....	Low BP .....	Duration .....	High BP ..... Duration .....
Average HR .....	Low HR .....	Duration .....	High HR ..... Duration .....
Average Urine Output ..... cc/hr		Last Hour Urine Output ..... cc	Total Urine Output in OR ..... cc

## MEDICATIONS

<input type="checkbox"/> Heparin	Dosage/Time .....	<input type="checkbox"/> Vasodilators	<input type="checkbox"/> Nipride
<input type="checkbox"/> Thorazine	Dosage/Time .....	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Other .....
<input type="checkbox"/> Mannitol	Dosage/Time .....	<input type="checkbox"/> Dopamine	Dosage .....
<input type="checkbox"/> Lasix	Dosage/Time .....	<input type="checkbox"/> Dobutamine	Dosage .....
<input type="checkbox"/> Solumedrol	Dosage/Time .....	<input type="checkbox"/> Epinephrine	Dosage .....
<input type="checkbox"/> T4	Dosage/Time .....	<input type="checkbox"/> Levophed	Dosage .....
<input type="checkbox"/> Other	Dosage/Time .....	<input type="checkbox"/> Blood products type/volume .....	
<input type="checkbox"/> Other	Dosage/Time .....	<input type="checkbox"/> Blood products type/volume .....	
		<input type="checkbox"/> Crystalloids type/volume .....	

## OR TEAM

HEART	HEART / LUNG	RIGHT LUNG	LEFT LUNG
LIVER/ <input type="checkbox"/> SPLIT	KIDNEYS	PANCREAS	INTESTINE
ANESTHESIA	CIRCULATOR	SCRUBS	OTHERS

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fig 11

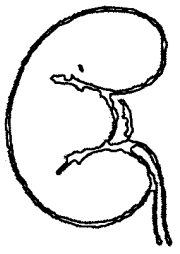
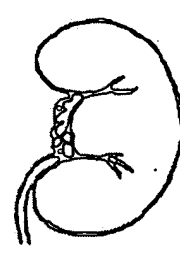
# CONFIDENTIAL DONOR FORM

Donor Name \_\_\_\_\_

UNOS ID # \_\_\_\_\_

## RENAL DATA

Clamp Date/Time \_\_\_\_\_ Circle Zone (ET) (CT) (MT) (PT) Warm ischemic Time ☐ Yes ☐ No Duration \_\_\_\_\_  
 Insitu Flush ☐ Yes ☐ No Flush Solution \_\_\_\_\_ Volume \_\_\_\_\_ Flush Characteristics ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+  
 Storage Solution \_\_\_\_\_ Backtable Flush ☐ Yes ☐ No Volume \_\_\_\_\_ En Bloc ☐ Yes ☐ No Sent En Bloc ☐ Yes ☐ No  
 Typing Materials ☐ Nodes ☐ Spleen ☐ Blood Clot ☐ Cell Prep ☐ T Cell ☐ B Cell  
 Recovering Surgeon \_\_\_\_\_ Assistant Surgeon \_\_\_\_\_

Right Kidney	Right	Renal Anatomy	Left	Left Kidney
Plaque <input type="checkbox"/> Hard <input type="checkbox"/> Soft	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aortic plaque	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plaque <input type="checkbox"/> Hard <input type="checkbox"/> Soft
Plaque <input type="checkbox"/> Hard <input type="checkbox"/> Soft	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arterial plaque	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plaque <input type="checkbox"/> Hard <input type="checkbox"/> Soft
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Infarcted area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Capsule tear	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subcapsular hematoma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cysts/Discoloration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pumped	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Biopsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	

RIGHT KIDNEY ANATOMY				LEFT KIDNEY ANATOMY			
<input type="checkbox"/> Transplanted	<input type="checkbox"/> Research	<input type="checkbox"/> Discarded	<input type="checkbox"/> Not Recovered	<input type="checkbox"/> Transplanted	<input type="checkbox"/> Research	<input type="checkbox"/> Discarded	<input type="checkbox"/> Not Recovered
Length <input style="width: 50px;" type="text"/> cm		Width <input style="width: 50px;" type="text"/> cm		Length <input style="width: 50px;" type="text"/> cm		Width <input style="width: 50px;" type="text"/> cm	
Arter (s)# _____ Distance apart _____				Arter (s)# _____ Distance apart _____			
Aortic Cuff <input type="checkbox"/> Yes <input type="checkbox"/> No				Aortic Cuff <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are multiple arteries on a common cuff? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are multiple arteries on a common cuff? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Length <input style="width: 50px;" type="text"/> cm		<input style="width: 50px;" type="text"/> cm		Length <input style="width: 50px;" type="text"/> cm		<input style="width: 50px;" type="text"/> cm	
Diameter <input style="width: 50px;" type="text"/> mm		<input style="width: 50px;" type="text"/> mm		Diameter <input style="width: 50px;" type="text"/> cm		<input style="width: 50px;" type="text"/> cm	
Vein(s)# _____ Distance apart _____				Vein(s)# _____ Distance apart _____			
Full Vena Cava <input type="checkbox"/> Yes <input type="checkbox"/> No				Full Vena Cava <input type="checkbox"/> Yes <input type="checkbox"/> No			
Length <input style="width: 50px;" type="text"/> cm		<input style="width: 50px;" type="text"/> cm		Length <input style="width: 50px;" type="text"/> cm		<input style="width: 50px;" type="text"/> cm	
Diameter <input style="width: 50px;" type="text"/> mm		<input style="width: 50px;" type="text"/> mm		Diameter <input style="width: 50px;" type="text"/> mm		<input style="width: 50px;" type="text"/> mm	
Ureter Single/Double				Ureter Single/Double			
Length <input style="width: 50px;" type="text"/> cm		<input style="width: 50px;" type="text"/> cm		Length <input style="width: 50px;" type="text"/> cm		<input style="width: 50px;" type="text"/> cm	
Abnormalities <input type="checkbox"/> Yes <input type="checkbox"/> No				Abnormalities <input type="checkbox"/> Yes <input type="checkbox"/> No			
Surgical Damages <input type="checkbox"/> Yes <input type="checkbox"/> No				Surgical Damages <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pumped <input type="checkbox"/> Yes <input type="checkbox"/> No requested by _____				Pumped <input type="checkbox"/> Yes <input type="checkbox"/> No requested by _____			
Biopsy results _____				Biopsy results _____			
Comments _____				Comments _____			

OPO Coordinator \_\_\_\_\_

Surgeon Signature \_\_\_\_\_

## INTRAOPERATIVE MANAGEMENT

### HEART DATA

☐ Transplanted ☐ Valves ☐ Research ☐ Discarded ☐ Not Recovered/Reason \_\_\_\_\_  
 Flush Solution \_\_\_\_\_ Volume \_\_\_\_\_ Storage Solution \_\_\_\_\_ Volume \_\_\_\_\_

Title: SECURE NETWORK GATEWAY FOR  
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DONOR DATA

Inventor: Kalthoff, Robert Michael  
 S/N: [new nonprovisional application]  
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Fig. 12

# **CONFIDENTIAL DONOR FORM**

Donor Name \_\_\_\_\_

UNOS ID # \_\_\_\_\_

Anatomical abnormality ☐ Yes ☐ No Comments \_\_\_\_\_  
 Surgical damage ☐ Yes ☐ No Comments \_\_\_\_\_  
 Evidence of CV disease? ☐ Yes ☐ No Comments \_\_\_\_\_  
 Recovering Surgeon \_\_\_\_\_ Transplant Program \_\_\_\_\_ Time Recovered \_\_\_\_\_

## **LUNG DATA**

☐ Transplanted ☐ Research ☐ Discarded ☐ Not Recovered/Reason \_\_\_\_\_  
 Flush Solution \_\_\_\_\_ Volume \_\_\_\_\_ Storage Solution \_\_\_\_\_ Volume \_\_\_\_\_  
 Anatomical abnormality ☐ Yes ☐ No Comments \_\_\_\_\_  
 Surgical damage ☐ Yes ☐ No Comments \_\_\_\_\_  
 RL Recovering Surgeon \_\_\_\_\_ Transplant Program \_\_\_\_\_ Time Recovered \_\_\_\_\_  
 LL Recovering Surgeon \_\_\_\_\_ Transplant Program \_\_\_\_\_ Time Recovered \_\_\_\_\_

## **PANCREAS DATA**

☐ Transplanted ☐ Islet cells ☐ Research ☐ Discarded ☐ Not Recovered/Reason \_\_\_\_\_  
 Aortic flush Start Time \_\_\_\_\_ Solution \_\_\_\_\_ Volume \_\_\_\_\_ Char 1 2 3 4  
 Splenic flush (backtable) Start Time \_\_\_\_\_ Solution \_\_\_\_\_ Volume \_\_\_\_\_ Char 1 2 3 4  
 SMA (backtable) Start Time \_\_\_\_\_ Solution \_\_\_\_\_ Volume \_\_\_\_\_ Char 1 2 3 4  
 Whole ☐ Yes ☐ No Celiac ☐ Yes ☐ No Spleen attached ☐ Yes ☐ No Portal Vein ☐ Yes ☐ No  
 Anatomical abnormality ☐ Yes ☐ No Comments \_\_\_\_\_  
 Surgical damage ☐ Yes ☐ No Comments \_\_\_\_\_  
 Bowel prep comments \_\_\_\_\_  
 Recovering Surgeon \_\_\_\_\_ Transplant Program \_\_\_\_\_ Time Recovered \_\_\_\_\_

## **LIVER DATA**

☐ Transplanted ☐ Research ☐ Discarded ☐ Hepatocytes ☐ Not Recovered/Reason \_\_\_\_\_  
 Aortic flush Start Time \_\_\_\_\_ Solution \_\_\_\_\_ Volume \_\_\_\_\_ Char 1 2 3 4  
 Portal flush Start Time \_\_\_\_\_ Solution \_\_\_\_\_ Volume \_\_\_\_\_ Char 1 2 3 4  
 Anatomical abnormality ☐ Yes ☐ No Comments \_\_\_\_\_  
 Surgical damage ☐ Yes ☐ No Comments \_\_\_\_\_  
 Capsule torn ☐ Yes ☐ No Comments \_\_\_\_\_  
 Hematoma ☐ Yes ☐ No Comments \_\_\_\_\_  
 Vessels sent ☐ Yes ☐ No Comments \_\_\_\_\_  
 Gall bladder incised ☐ Yes ☐ No Comments \_\_\_\_\_  
 Gall bladder flushed ☐ Yes ☐ No Comments \_\_\_\_\_  
 Replaced rt hepatic ☐ Yes ☐ No Comments \_\_\_\_\_  
 Backtable flush ☐ Yes ☐ No Comments \_\_\_\_\_  
 Biopsy ☐ Yes ☐ No Result (include % fat) \_\_\_\_\_  
 Slide sent with liver ☐ Yes ☐ No If no biopsy, estimate visualized fat content \_\_\_\_\_  
 Recovering Surgeon \_\_\_\_\_ Transplant Program \_\_\_\_\_ Time Recovered \_\_\_\_\_

## **INTESTINE DATA**

☐ Transplanted ☐ Research ☐ Discarded ☐ Not Recovered/Reason \_\_\_\_\_  
 Flush Start Time \_\_\_\_\_ Solution \_\_\_\_\_ Volume \_\_\_\_\_ Char 1 2 3 4  
 Anatomical abnormality ☐ Yes ☐ No Comments \_\_\_\_\_  
 Surgical damage ☐ Yes ☐ No Comments \_\_\_\_\_  
 Bowel prep comments \_\_\_\_\_  
 Recovering Surgeon \_\_\_\_\_ Transplant Program \_\_\_\_\_ Time Recovered \_\_\_\_\_

## **UNOS CODES**

Fig. 13

CONFIDENTIAL DONOR FORM

Donor Name _____	UNOS ID # _____	
<b>Cause of Death</b>	<b>Mechanism of Death</b>	<b>Circumstances of Death</b>
<input type="checkbox"/> Anoxia	<input type="checkbox"/> Drowning	<input type="checkbox"/> Motor Vehicle Accident
<input type="checkbox"/> Cerebrovascular/Stroke	<input type="checkbox"/> Seizure	<input type="checkbox"/> Alleged Suicide
<input type="checkbox"/> Head Trauma	<input type="checkbox"/> Drug Intoxication	<input type="checkbox"/> Alleged Homicide
<input type="checkbox"/> CNS Tumor	<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Alleged Child Abuse
<input type="checkbox"/> Other	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Non-Motor Vehicle Accident
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Other
	<input type="checkbox"/> Gunshot Wound	
	<input type="checkbox"/> Stab	
	<input type="checkbox"/> Blunt Injury	
	<input type="checkbox"/> Sudden Infant Death	
	<input type="checkbox"/> Intracranial Hemorrhage/ Stroke	
	<input type="checkbox"/> Other	

Fig. 14

# TISSUE RECOVERY INFORMATION

## Tissues recovered

- |  |  |  |   |
|--|--|--|---|
| <b>MS Left</b>                           | <b>MS Right</b>                          | <b>CV</b>                                | <b>Other</b>                              |
| <input type="checkbox"/> Fascia          | <input type="checkbox"/> Fascia          | <input type="checkbox"/> Heart valves    | <input type="checkbox"/> Vertebral bodies |
| <input type="checkbox"/> Femur           | <input type="checkbox"/> Femur           | <input type="checkbox"/> Saphenous veins | <input type="checkbox"/> PSK              |
| <input type="checkbox"/> Fibula          | <input type="checkbox"/> Fibula          | <input type="checkbox"/> Femoral veins   | <input type="checkbox"/> Skin             |
| <input type="checkbox"/> Achilles Tendon | <input type="checkbox"/> Achilles Tendon | <input type="checkbox"/> Thoracic aorta  | <input type="checkbox"/> Ribs             |
| <input type="checkbox"/> Tibia           | <input type="checkbox"/> Tibia           |  | <input type="checkbox"/> Pericardium      |
| <input type="checkbox"/> Ilium           | <input type="checkbox"/> Ilium           |  | <input type="checkbox"/> Trachea          |
| <input type="checkbox"/> Humerus         | <input type="checkbox"/> Humerus         |  | <input type="checkbox"/> Corneas/eyes     |
| <input type="checkbox"/> Hemipelvis      | <input type="checkbox"/> Hemipelvis      |  |   |
| <input type="checkbox"/> Whole knee      | <input type="checkbox"/> Whole knee      |  |   |

Other \_\_\_\_\_

## Recovery Information

Location of tissue recovery (specify OR room #) \_\_\_\_\_

Body refrigerated prior to recovery? ☐ Yes ☐ No \_\_\_\_\_

Date/time in room \_\_\_\_\_

Date/time body placed in morgue \_\_\_\_\_

Date/time out of room \_\_\_\_\_

MS Tissues
Date/time begin (1st prep start) _____
Date/time skin recovered (end warm isch. time) _____
Date/time tissue recovered (end warm isch. time) _____
<u>Name &amp; Title</u>
Team leader _____
R. side tech _____
L. side tech _____
Circulator _____
Other _____
Skin recovered by _____

CV Tissues
Date/time heart recovered (end warm isch. time) _____
Date/time trachea recovered (end warm isch. time) _____
Date/time saphenous veins recovered (end warm isch. time) _____
Date/time femoral veins recovered (end warm isch. time) _____
Date/time thoracic aorta recovered (end warm isch. time) _____
<u>Name &amp; Title</u>
Team leader _____
Heart recovered by _____
Pericardium recovered by _____
R. Vein recovered by _____
L. Vein recovered by _____
Circulator _____

Fig. 15



UNOS ID # \_\_\_\_\_ Patient name \_\_\_\_\_  
Organ donor ID # \_\_\_\_\_ Tissue donor ID # \_\_\_\_\_  
Recovery comments \_\_\_\_\_

Autopsy performed at ☐ LifeNet request ☐ ME Request ☐ Family request ☐ Not performed

Pathologist name _____	Phone _____
Hospital medical record returned to _____	
Hospital staff signature _____	Date/time _____
Returned by _____	
LifeNet staff signature _____	

Fig. 16

UNOS ID # \_\_\_\_\_

Organ donor ID # \_\_\_\_\_

Patient name \_\_\_\_\_

Tissue donor ID # \_\_\_\_\_

**EQUIPMENT INFORMATION**

Item	Manufacturer	Lot#	Exp. Date	Recorder's initials
Heparin				
Papaverine				
Lasix				
Insulin				
Penicillin				
Dexamethosone				
Water (Inject) #1				
UW (Viaspan®)				
LR irrigation (1L bottle)				
LR irrigation (1L bag)				
0.9% NaCl irrigation (slush)				
0.9% NaCl irrigation (bottle)				
Plegisol				
NaHCO <sub>3</sub>				
KCl				
EuroCollins				
Prostin				
MgSO <sub>4</sub>				
McCoy's 5A tissue media				
Gentamicin				
Betadine spray				
RPMI 1640				
Hibiclens/lubricant				
Plasmalyte				
Equipment	Sterilization Run #		Exp. Date	Recorder's initials
LE Set				
UE/Rib set				
Skin tray				
Vein tray				
Heart tray				
Skin container				
Heart container				
Secondary sterilized Kevlar® gloves				
Sterile recovery pack (bone)				
Sterile recovery pack (heart/skin)				
Sterile recovery pack (organ)				
Sterile QA pack				
Other				

F. 9. 17

Title: SECURE NETWORK GATEWAY FOR  
ACCESSIBLE PATIENT DATA AND TRANSPLANT  
DONOR DATA

Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application]

Filed: March 31, 2004

Docket No: LDT01-GN001

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HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	2/4/2004 9:35 PST

Recovered: Yes	Consented But Not Recovered: No	Consent Rescinded: No
----------------	---------------------------------	-----------------------

Recovery Date/Crossclamp time: 7/7/03 2301	Medical Record#: 4593706
--	--------------------------

DONOR INFORMATION			
<b>Donor Hospital:</b> Torrance Memorial Medical Center 3330 Lomita Boulevard Torrance , CA 90057		<b>Provider#:</b> 05031 <b>Original Coordinator:</b> Sample Coordinator	
<b>Admission:</b> Date: 6/30/03 Time: 1724 <b>Referral:</b> Date: 7/5/03 Time: 1748 <b>Arrival:</b> Date: 7/5/03 Time: 1900		<b>Referring Person:</b> Michael Cowan <b>Attending Physician:</b> Nosrat Nabavi	
<b>Donor:</b> Jane Doe 900 E. Bay Blvd. Scott, CA 85260 <b>SSN:</b> 393-555-1212 <b>DOB:</b> 10/16/48 <b>Age:</b> 54 <b>Sex:</b> Female <b>Ht:</b> 5'1 <b>Wt:</b> 50 kg <b>Race:</b> White <b>Act Military:</b> No <b>US Born:</b> Yes <b>U.S. Citizen:</b> Yes <b>Lived in U.S.:</b> <b>Occupation:</b> Pharmacist <b>Ethnicity:</b> Not Hispanic Origin <b>HLA A:</b> 2,24 <b>B:</b> 7,56 <b>DR:</b> 7,8 <b>DQ:</b> 7,9 <b>ABO:</b> A <b>Rh:</b> + <b>Sub:</b> 1		<b>Cause of death:</b> Cerebrovascular-Stroke <b>Mechanism of Death:</b> Intracranial Hemorrhage-Stroke <b>Circumstances of Death:</b> Other <b>Brain Death:</b> Yes <b>Asystole:</b> No <b>Date/Time:</b> 7/5/03 1834 Ronald Farran MD <b>Date/Time:</b> 7/6/03 1030 Melvin Snyder MD <b>Method(s) Used 1:</b> EEG <b>Method(s) Used 2:</b> Clinical Exam <b>M.E./Coroner Case:</b> No <b>Permission for donation:</b> - <b>Case#:</b> N/A <b>Restrictions/Denial reason:</b> N/A <b>M.E./Coroner:</b> N/A <b>Date/Time of contact:</b> N/A N/A <b>Autopsy:</b> No	

CONSENT INFORMATION			
<b>NOK:</b> Johnny Doe 9455 E. Raintree Drive #2016 Scott, CA 90057 <b>Relationship:</b> Son <b>Telephone 1 :</b> 602-555-1212 <b>Telephone 2 :</b> <b>Funeral Home:</b> Grambling Funeral Home		<b>Donor Card:</b> Unknown <b>Date/Time of Consent:</b> 7/6/03 1100 <b>Request made by:</b> Coleen Dumenjich	
<b>Organ</b>	<b>Consent Requested</b>	<b>If not requested, write reason</b>	<b>Consent Obtained</b>
Kidney	Yes		Yes
Liver	Yes		Yes
Intestine	Yes		Yes
Pancreas	Yes		Yes
Heart	Yes		Yes
Lung	Yes		Yes
Tissue	Yes		Yes
<b>Tissue Bank:</b> Doheny		<b>Tissue Bank Coordinator:</b> Jasmine	
<b>Consent for Research:</b> No		<b>Other:</b> DN#030707	

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Fig 18

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/28/2003 13:16 PST

## ADMISSION COURSE/COMMENTS

Found unconscious in hotel restroom by fiancé. Regained consciousness and able to verbally communicate. Admitted to San Pedro Peninsula Hospital. Head CT performed and showed large SAH, during procedure, pt. again lost consciousness and was intubated. No cardiac or respiratory arrest. Transferred to Torrance Memorial on 06/30/03 for cerebral angiogram, which showed a large anterior communicating aneurysm. On 07/01/03 aneurysm clipping performed. Condition deteriorated and brain death declared on 07/05/03.

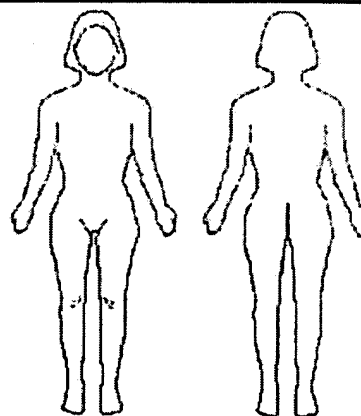
## Admission Toxicology Screen Results:

Not done.

Please identify any injuries, fractures, incisions, tattoos, social indicators on the diagrams and describe below. Include any operative procedures or invasive lines/tubes.

<b>OR:</b>	Yes	<b>Procedures</b>	Aneurysm clipping on 07/01/03
<b>Cardiac/Respiratory Arrest:</b>	NO	<b>Downtime</b>	n/a
<b>Chest Compressions:</b>	Yes	<b>Duration</b>	n/a
<b>Defibrillation:</b>	NO		n/a

## COMMENTS:



See Attachments page for Body Notes

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Fig. 19

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/6/2003 23:56 PST

## INITIAL PHYSICAL ASSESSMENT

Examination Performed by Name: Annette Pope	Date: 07/06/03	Time: 1440
---	----------------	------------

## PHYSICAL EXAMINATION

## PULMONARY

Tube	Endotracheal: 7.0 fr	Performed - Prehospital: -	Hospital: Yes
Decompression	Left Chest: No	Performed - Prehospital: -	Hospital: -
Breath Sounds	Left Chest: No	Performed - Prehospital: -	Hospital: -
Even: Yes	Uneven: No	Absent Left: No	Absent Right: No
Wheezes: No	Clear: Yes	Decreased Left: No	Decreased Right: No
Rales Left: No	Rales Right: No	Rhonchi Left: No	Rhonchi Right: No

## CARDIOVASCULAR

Lines	PA Cath Line: n/a	CVP Line: Yes	Arterial Line: Yes
Heart Rhythm	Regular: Yes	Irregular: No	
Heart Tones	Normal: Yes	Murmur: No	Rub: No
Periph. Pulses	Present: Yes	1234: 4	Absent: No
Periph. Edema	Present: No	1234:	Absent: Yes

## INTEGUMENTARY

(see donor notes under Attachments page)

Color	Pink: Yes	Dusky: -	Pale: -	Jaundice: -	Other: Yes
Bruises: No	Lacerations: No	Tattoos: No	Track Marks: No	Piercings: No	

## GASTROINTESTINAL

DPL:	No	DPL Result:	
Tubes	NG: Yes	Gastrostomy: No	Surgical Drains: No
Abdomen	Incisions: No	Surgical Scars: No	Other Scars: No
	Soft: Yes	Firm: No	Non Distended: Yes
	+ Bowel Sounds: No	No Bowel Sounds: Yes	Distended: No

## GENITOURINARY

Urine Volume:	<100 cc/hr: Yes	100-500 cc/hr: -	>500 cc/hr: -	Anuric: -
Appearance:	Clear: Yes	Cloudy: No	Hematuria: -	

## MUSCULOSKELETAL

Fractures:	Closed: No	Compound/Open: No	Dressings/Splints: No	Traction: No	None: Yes
------------	------------	-------------------	-----------------------	--------------	-----------

## COMMENTS

L side of head with cranial dsg,

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Fig. 20

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	8/8/2003 9:33 PST

LAB PROFILE						
Lab Date:	06/30/03	07/01/03	07/02/03	07/02/03	07/03/03	07/04/03
Lab Time:	1925	0440	0420	2140	0500	0435
Na+ (140-160):	139	136	133	150	148	138
K+ (3.5-5.5):	3.9	4.2	3.3	4.2	3.7	4.0
CL- (96-115):	105	102	104	118	114	107
CO2:	20	19	20	24	24	22
BUN (<20):	12	16	12	10	10	11
Creatinine (<1.5):	1.0	1.1	0.9	0.9	0.8	0.6
Glucose (65-150):	157	162	280	167	148	140
Calcium-Ionized or Not (8.5-10.5):	-	8.5	-	-	-	-
Phosphorous (1.8-2.6):	-	3.7	-	-	-	-
Total Billi:	-	0.5	-	-	-	-
Direct/Conjugated Billi:	-	-	-	-	-	-
Indirect/Unconj. Billi:	-	-	-	-	-	-
SGOT(AST) (0-40):	-	16	-	-	-	-
SGPT (ALT) (5-35):	-	39	-	-	-	-
GGT (17-55):	-	-	-	-	-	-
Albumin:	-	4.7	-	-	-	-
Total protein:	-	8.5	-	-	-	-
Mg:	-	-	-	-	-	-
Alk Phos (45-110):	-	-	-	-	-	-
LDH (90-250):	-	209	-	-	-	-
PT (11-15):	11.9	-	-	-	-	-
PTT (24-36):	23.0	-	-	-	-	-
CPK/tot MB (0-255/<5)	-	-	-	-	-	-
Amylase ():	-	-	-	-	-	-
Lipase ():	-	-	-	-	-	-
Other:	-	triglycerides 171	-	-	-	-
Other:	-	cholesterol 206	-	-	-	-
Other:	-	-	-	-	-	-

Fig. 21

URINALYSIS				
Urinalysis:				
Date:	06/30/03	07/06/03	07/06/03	07/07/03
Time:	1930	1657	2245	0550
Color:	yellow	amber	yellow	yellow
Appearance:	clear	clear	hazy	hazy
pH:	5.0	6.0	7.0	6.5
Spec. Grav.:	1.020	1.015	1.010	1.010
Protein:	2+	2+	1+	1+
Glucose:	negative	3+	2+	1+
Blood:	3+	1+	1+	trace
RBC:	5-10	0-2	2-5	0-2
WBC:	0-2	0-2	none	0-2
Epith:	1+	1+	-	-
Casts:	negative	negative	-	-
Bacteria:	rare	rare	-	-

CBC						
CBC:						
Date:	06/30/03	07/01/03	07/02/03	07/02/03	07/03/03	07/04/03
Time:	1925	1910	0420	0820	1445	0435
RBC:	5.04	3.75	3.97	4.13	3.37	4.07
WBC:	21.0	8.0	13.0	13.1	11.9	11.4
Hgb:	14.9	10.9	11.8	12.3	10.1	12.1
Hct:	43.8	32.8	34.7	35.9	28.7	36.1
Platelets:	238	-	178	196	-	128
Segs:	83	-	-	91	-	-
Lymp:	9	-	-	4	-	-
Bands:	4	-	-	3	-	-
Mono:	4	-	-	2	-	-
Eos:	.0	-	.0	.0	-	.0

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST

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Fig. 22

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 0:15 PST

LAB PROFILE						
Lab Date:	07/05/03	07/06/03	07/06/03	07/06/03	07/07/03	7/7/03
Lab Time:	0420	0420	1745	2245	0545	1100
Na+ (140-160):	140	138	138	136	135	141
K+ (3.5-5.5):	3.5	3.9	4.0	3.6	3.8	4.5
CL- (96-115):	107	105	107	108	103	110
CO2:	26	22	23	23	23	26
BUN (<20):	12	25	25	21	19	16
Creatinine (<1.5):	0.6	0.8	0.8	0.7	0.9	0.7
Glucose (65-150):	141	212	-	-	198	
Calcium-Ionized or Not (8.5-10.5):	-	8.8	8.8	7.7	8.8	
Phosphorous (1.8-2.6):	-	2.7	1.5	2.0	2.5	
Total Billi:	-	0.7	0.8	1.2	0.8	0.7
Direct/Conjugated Billi:	-	-	-	-	-	
Indirect/Unconj. Billi:	-	-	-	-	-	
SGOT(AST) (0-40):	-	28	43	47	61	54
SGPT (ALT) (5-35):	-	52	66	63	81	84
GGT (17-55):	-	-	339	273	346	
Albumin:	-	3.8	3.5	3.0		
Total protein:	-	6.8	-	-	-	
Mg:	-	-	2.0	1.7	1.5	1.8
Alk Phos (45-110):	-	-	88	79	84	109
LDH (90-250):	-	175	-	-	225	
PT (11-15):	-	-	12.5	12.7	12.9	12.9
PTT (24-36):	-	-	31.5	33.8	32.1	27.7
CPK/tot MB (0-255/<5):	-	-	138/3.9	105	91	
Amylase (25-115):	-	-	34	37	31	33
Lipase (114-286):	-	-	254	280	213	238
Other:	-	triglycerides 242	serum osmo 307	trponin 0.05	trponin 0.07	
Other:	-	cholesterol 1	-	-		
Other:	-	-	-	-		

Fig 23



URINALYSIS	
Urinalysis:	
Date:	7/7/03
Time:	1805
Color:	yellow
Appearance:	clear
pH:	6.0
Spec. Grav.:	1.01
Protein:	1 +
Glucose:	neg
Blood:	1 +
RBC:	-
WBC:	0-2
Epith:	-
Casts:	--
Bacteria:	-

CBC						
CBC:						
Date:	07/06/03	07/06/03	07/06/03	07/07/03	7/7/03	7/7/03
Time:	0420	1745	2245	0545	1100	1805
RBC:	4.34	4.49	3.82	3.95	4.29	3.87
WBC:	12.0	12.9	8.5	12.1	15.1	15.5
Hgb:	12.9	13.4	11.5	11.9	12.6	11.5
Hct:	38.2	39.2	33.6	34.7	37.3	34.1
Platelets:	196	180	155	135	162	136
Segs:	-	-	-	-	91.2	-
Lymp:	-	-	-	-	4.4	6.7
Bands:	-	-	-	-	-	-
Mono:	-	-	-	-	4.2	5.3
Eos:	.0	.0	.3	.0	0.0	-

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST

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Fig 24

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 0:11 PST

LAB PROFILE		
Lab Date:	7/7/03	7/7/03
Lab Time:	1450	1805
Na+ (140-160):	141	141
K+ (3.5-5.5):	4.3	4.1
CL- (96-115):	110	110
CO2:	22	22
BUN (<20):	18	18
Creatinine (<1.5):	0.8	0.7
Glucose (65-150):	144	134
Calcium-Ionized or Not (8.5-10.5):	8.8	
Phosphorous (1.8-2.6):	1.9	1.7
Total Bill:	0.8	
Direct/Conjugated Bill:		
Indirect/Unconj. Bill:		
SGOT(AST) (0-40):	49	
SGPT (ALT) (5-35):	76	
GGT (17-55):		
Albumin:		
Total protein:		
Mg:		
Alk Phos (45-110):	79	
LDH (90-250):		
PT (11-15):	13.0	13.9
PTT (24-36):	30.2	31.5
CPK/tot MB (0-255/<5)		
Amylase ():		37
Lipase ():		225
Other:		Inr 1.4
Other:		
Other:		

Fig 25

URINALYSIS	
Urinalysis:	
Date:	
Time:	
Color:	
Appearance:	
pH:	
Spec. Grav.:	
Protein:	
Glucose:	
Blood:	
RBC:	
WBC:	
Epith:	
Casts:	
Bacteria:	

CBC	
CBC:	
Date:	7/7/03
Time:	1450
RBC:	3.91
WBC:	17.1
Hgb:	11.7
Hct:	34.3
Platelets:	143
Segs:	89.4
Lymp:	4.5
Bands:	
Mono:	5.4
Eos:	0.1

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST

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Fig 26

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID #	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/7/2003 18:30 PST

SEROLOGIES AND CULTURES										
Pre-Trans Date/Time	Anti HIV I	Anti HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	CMV	HBsAG	ANTI HBc	ANTI HCV
-	-	-	-	-	-	-	-	-	-	-
Post-Trans Date/Time	Anti HIV I	Anti HIV II	HIV Antigen	Anti HTLV I	Anti HTLV II	RPR VDRL	CMV	HBsAG	ANTI HBc	ANTI HCV
07/06/03 @ 1440	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

SEROLOGY CODES: NR = NOT REACTIVE - R = REACTIVE - ND = NOT DONE

Comments on Reactive Results (IgG/IgM, etc.):

CULTURES						
	Date	24 Hr Result	Date	48 Hr Result	Date	Final Result
Blood	07/06/03	no growth to date				
Blood	07/06/03	no growth to date				
Urine	07/06/03	no growth to date				
Sputum	07/06/03	NO GROWTH AT 1 DAY				
Sputum GS	07/06/03	3=WBC'S, NO EPITHELIAL CELLS, RARE MIXED BACTERIA				

DONOR ARTERIAL BLOOD GASES										
Date/Time	pH	pCO2	pO2	HCO3	O2Sat	FiO2	Rate	TV	PEEP	PIP
06/30/03 @ 2200	7.45	25.6	214	17.5	100	40	14	600	4	-
07/01/03 @ 0722	7.41	32.2	162	20	100	30	10	600	4	-
07/02/03 @ 0730	7.35	31.6	151	17.1	100	24	10	600	4	-
07/03/03 @ 0001	7.41	35.4	99.8	22	99.8	24	10	600	4	-
07/04/03 @ 0720	7.42	34.9	129	22.2	99.7	24	10	600	4	-
07/05/03 @ 0735	7.47	30.9	153	22.2	99.9	24	10	600	4	-
07/06/03 @ 0712	7.49	27.9	133	20.8	99.7	24	10	600	4	-

MEDICATIONS/OTHER DRUGS					
Pre-Management Medications	Dose	Date/Time Started	Donor Management Medications	Dose	Date/Time Started
Decadron IV Q 6	4 mg	6/30/03 @ 2000	Ancef IV Q 8	1 gram	continued
Nimodipine p.o. Q 4	60 mg	6/30/03 @ 2000	Dopamine drip	titrate	continued
Dilantin IV Q 6	100 mg	6/30/03 @ 2000	Levophed drip	titrate	continued
Labetalol IV PRN	20 mg	6/30/03 @ 2100	Imipenem IV Q 8	500 mg	7/6/03 @ 2200
Lasix IV x 1	40 mg	6/30/03 @ 2300	Solumedrol IV x 1	2 grams	7/6/03 @ 2130
Mannitol IV Q 6	50 mg	6/30/03 @ 2000	Lacrilbe Q 4	both eyes	7/6/03 @ 2100
Pepcid IV Q 12	20 mg	6/30/03 @ 2000	Calcium Chloride IV X 1	1 gram	7/7/03 @ 0120
Propofol IV	titrate	6/30/03 @ 1900	Morphine for vasodilation	2 mg	7/7/03 @ 0145
Ancef IV Q 8	1 gram	7/2/03 @ 0400	ALBUMIN 25%	50GM	7/7/03 @ 1300
Vasotec NGT Q 12	10 mg	7/2/03 @ 0500	LEVAQUIN	500MG	7/7/03 @ 1200
Dopamine drip	titrate	7/2/03 @ 0630	MSO4	5mg	7/7/03 @ 1100
Levophed drip	titrate	7/2/03 @ 1215	IMIPENEM	500mg	7/7/03 @ 1400
Plasmanate	500cc	7/2/03 @ 1000			
DDAVP s.q. Q 12	1 mcg	7/2/03 @ 1830			
Morphine IV Q 4	2 mg	7/3/03 @ 1620			
KCL NGT	30 meq	7/3/03 @ 1000			

Fig 27

Nipride drip	titrate	7/4/03 @ 1650
Albumin 5%	1000 cc	7/5/03 @ 0645

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Fig 28

<http://www.ldtsystems.com/cgi-bin/otrs.cgi>

Title: SECURE NETWORK GATEWAY FOR  
ACCESSIBLE PATIENT DATA AND TRANSPLANT  
DONOR DATA  
Inventor: Kalthoff, Robert Michael  
S/N: [new nonprovisional application]  
Filed: March 31, 2004  
Docket No: LDT01-GN001 28 of 63

3/30/2004

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	12/31/1969 16:00 PST

**Comments on Reactive Results (IgG/IgM, etc.):**

[illegible][illegible]

Fig 29

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	12/31/1969 16:00 PST

[illegible]

**Comments on Reactive Results (IgG/IgM, etc.):**

CULTURES						
	Date	24 Hr Result	Date	48 Hr Result	Date	Final Result
Blood						
Blood						
Urine						
Sputum						
Sputum GS						

[illegible][illegible]

Fig 30

Title: SECURE NETWORK GATEWAY FOR  
ACCESSIBLE PATIENT DATA AND TRANSPLANT  
DONOR DATA  
Inventor: Kalthoff, Robert Michael  
S/N: [new nonprovisional application]  
Filed: March 31, 2004  
Docket No: LDT01-GN001 30 of 63

3/30/2004

<b>UNOS ID#</b>	<b>Donor Name</b>	<b>OPO ID</b>	<b>Coordinator Name</b>	<b>Current Hospital Unit</b>	<b>Record Updated</b>
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
<b>Password</b>	<b>Status</b>	<b>Referral #</b>	<b>Hospital Unit Phone</b>	<b>Hospital Unit Fax</b>	<b>Page Updated</b>
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	10/1/2003 7:04 PST

HEMODYNAMICS/TEMPERATURE									
Date:	6/30/03	07/01/03	07/02/03	07/03/03	07/04/03	07/05/03	07/06/03		
Time:	1700-0600	0700-0700	0700-0700	0700-0700	0700-0700	0700-0700	0700-1300		
Average BP:	135/72-180/94	196-78-78-38	78/200-35-85	125-210-85-65	78/210-50-100	105/204-60/100	125/65-185/92		
Heart Rate:	62-100	48-92	52-102	45-78	45-82	62-84	55-75		
High BP:	180/94	195/78	200/85	210/85	210/100	204/100	185/92		
Duration:	1 hour	5 mins	15 mins	5 mins	30 mins	5 mins	30 min		
Low BP:	135/72	78/38	78/35	125/65	78/50	105/60	125/65		
Duration:	1 hour	30 mins	30 mins	45 mins	5 mins	30 mins	5 min		
CVP:	-	-	-	-	-	-	-		
PA:	-	-	-	-	-	-	-		
PAWP:	-	-	-	-	-	-	-		
CO/CI:	-	-	-	-	-	-	-		
Temp:	96.6-98	96.3-98.6	92.6-99.7	95.8-98.6	95.4-97.6	92-98.6	95.6-96.3		
Dopamine:	-	25 mcg @ 0630	0-35 mcg	0-6 mcg	3-9 mcg	3 mcg	3 mcg		
Drug/Dosage:	-	-	levophed 1-8 mcg @ 1215	levophed @ 1-2.5 mcg	levophed @ 0.25-0.75 mcg	levophed @ 0.25 mcg - 0.75mcg	levophed @ 0.75 mcg		
Other:	-	-	-	-	nitroprusside 0.18-1.5 mcg @ 1650	nitroprusside @ 0.18-1.5 mcg	-		

INTAKE						OUTPUT					
Date	Time	Crystalloid	Colloid	Blood Products	24 Hr total Intake	Hour Average	24 Hr Urine Output	Hour Average	Other Output	24 Hr total output	Lowest urine output per hr duration
6/30/03	0500-0600	1905			1905		2335		10	2345	5
7/1/03	0700-0700	4183			4183		3825		40	3865	10
7/2/68	0700-0700	3506	350		3856		3680			3680	90
7/3/03	0700-0700	2642	500		3142		2990		300	3290	800
7/4/03	0700-0700	1000	950		1950		4710		200	4910	60
7/5/03	0700-0700	1579	500		2079		2375			2375	30
7/6/03	077-1300	562			562		480			480	
TOTAL:					17677	TOTAL:	20395	DIFFERENCE: -2718			

2 units of PRBC's.

UNOS ID #	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST



Fig 32

<http://www.ldtsystems.com/cgi-bin/otrs.cgi>

Title: SECURE NETWORK GATEWAY FOR  
ACCESSIBLE PATIENT DATA AND TRANSPLANT  
DONOR DATA  
Inventor: Kalthoff, Robert Michael  
S/N: [new nonprovisional application]  
Filed: March 31, 2004  
Docket No: LDT01-GN001 32 of 63

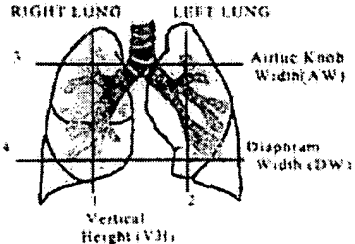
3/30/2004

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/7/2003 12:40 PST

CARDIAC DATA					
EKG: Normal	Date: 07/06/03	Time: 1738	Consulting Physician: William Averill		
Interpretation: Normal EKG.					
2D Echo: Yes	Trans-Esophageal Echo: -				
	Date: 07/06/03	Time: 1800	Consulting Physician: William Averill		
Interpretation: Normal LV systolic function; Estimated LVEF 70%; Concentric left ventricular hypertrophy; Small arterial pericardial effusion; Trace tricuspid regurg.					
CVP: 6	EF: 70%	BP: 117/57	HR: 81	Cardiac Rhythm: NSR	
CO:	CI:	PAWP:	SF: 38%	PA Pressure:	
Pressors: Yes	Dopamine: Yes	Dosage: 4 mcg	Epinephrine:	Dosage:	
	Dobutamine:	Dosage:	Neosynephrine: Yes	Dosage: 0.25 mcg	
	Other:	Dosage:			
Angiography:	Date: 07/06/03	Time: 2020	Consulting Physician: William Averill		
Interpretation: Normal left ventricular wall motion; Normal LVEF approximately 75%; Normal coronaries-cather induced spasm of RCA noted, resolved with intracoronay NTG; No complications; Hemostasis of right groin with 6 French angio cath.					

PULMONARY DATA	
CXR: Date: 7/7/03 Time: 0630 Change from Previous CXR: No	
Interpretation/Comment: CLEAR LUNG FIELDS. PER DR CHUANG	
CXR: Date: 07/07/03 Time: 0057 Change from Previous CXR: No	
Interpretation/Comment: Clear lungs; ETT in good position; NG tube in good position; Left catheter tip at the SVC/RA junction; Suboptimal transmitted image resolution limits interpretation of this study. Interpreted by: William Paik M.D.	
Bronchoscopy: Date: 07/06/03 Time: 1755 Consulting Physician: Dinesh Kumar M.D.	
Interpretation: Normal airway membranes; No sub-bronchial lesions; Small amount of erythema in left main stem bronchi; Carina normal and sharp; Bronchial washings; No complications.	
Bronchial washings sent for culture/gram stain?: Yes Result: 4 + WBC'S, NO EPITHELIAL CELLS, 1 + MIXED BACTERIA	

CHEST MEASUREMENTS		
	<b>Length of Right Lung:</b> 19 CM <b>Length of Left Lung:</b> 19 CM <b>Aortic Knob Width:</b> 21 CM <b>Diaphragm Width:</b> 24 CM <b>Chest Circ./Landmark:</b> 79CM <b>Dist. RCPA to LCPA:</b> <b>Total Lung Capacity:</b> <b>Vital Capacity:</b>	
	<b>Males:</b> TLC = (0.094 x Ht. cm) - (0.015 x Age in Yrs.) - 9.167 VC = (0.064 x Ht. cm) - (0.031 x Age in Yrs.) - 5.335  <b>Females:</b> TLC = (0.079 x Ht. cm) - (0.008 x Age in Yrs.) - 7.49 VC = (0.052 x Ht. cm) - (0.018 x Age in Yrs.) - 4.36 [1 Inch = 2.54 cms]	

ULTRASOUND
Ultrasound: N/A

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Fig 33

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 10:59 PST

INTRAOPERATIVE MANAGEMENT					
Enter OR:	Date: 7/7/03	Time: 1955	Zone: PT		
Incision:	Date: 7/7/03	Time: 2019	Zone: PT		
Clamp:	Date: 7/7/03	Time: 2301	Zone: PT		
Exit OR:	Date: 7/8/03	Time: 0020	Zone: PT		
Average BP:	120/60	Low BP: 100/50	Duration: 5min	High BP: 130/70	Duration: 5min
Average HR:	90	Low HR: 75	Duration: 5 min	High HR: 100	Duration: 5min
Average Urine Output:	100cc/hr	Last Hour Urine Output:	100cc	Total Urine in OR:	300cc

MEDICATIONS					
Heparin:	Yes	Dosage: 30,000u	Time: 2250	Vasodilators:	No
Thorazine:	No	Dosage:	Time:	Nipride:	
Mannitol:	Yes	Dosage: 25 gm	Time: 2255	Other:	
Lasix:	Yes	Dosage: 100mg	Time: 2255	Vasopressors:	No
Solomedrol:	Yes	Dosage: 1 gm	Time: 1700	Dopamine:	Dosage:
T4:	No	Dosage:	Time:	Dobutamine:	Dosage:
Other:	No	Dosage:	Time:	Epinephrine:	Dosage:
Other:	No	Dosage:	Time:	Levophed:	Dosage:
				Blood products:	type: volume:
				Blood products:	type: volume:
				Crystalloids:	type: volume:

OR TEAM			
<b>HEART</b> CACS W. Cheng, MD D. Toti, RN	<b>HEART/LUNG</b>	<b>RIGHT LUNG</b> CAUH M. Barr, MD M. Bowdish, MD M. Retana, Perfusionist	<b>LEFT LUNG</b> Same
<b>LIVER/SPLIT</b> Yes CAUH Y. Genyk, MD A. Chang, MD P. Zubiarte, Perfusion	<b>KIDNEYS</b> Same as liver	<b>PANCREAS</b>	<b>INTESTINE</b>
<b>ANESTHESIA</b> Sean Tritiak, MD	<b>CIRCULATOR</b> Toni Stafford, RN Ernie Weyand, RN	<b>SCRUBS</b> Charles Berroya, CST Vilma Sta. Rosa, CST	<b>OTHERS</b> OneLegacy Karen Samartan, RN Tammy Miley, RN Melissa Friedman, RN

**Comments:**

Observing: Stephanie Collazo, RN and Coleen Dumenjich, OneLegacy, Dr. L Czar, Cardiac Echo, CACS

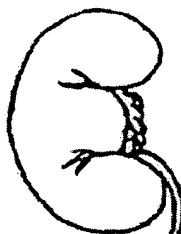
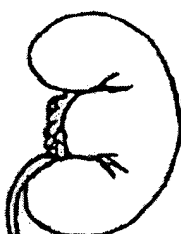
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Fig 34

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 11:05 PST

RENAL DATA					
Clamp	Date: 7/7/03	Time: 3201	Zone: PT	Warm Ischemic Time: No	Duration:
Insitu Flush: Yes	Flush Solution: UW	Volume: 4,000 cc	Flush Characteristics: 4+		
Storage Solution: UW	Backtable Flush: No	Volume:	En Bloc: Yes	Sent En Bloc: No	
Typing Materials	Nodes: Yes	Spleen: Yes	Blood Clot: Yes	Cell Prep:	T Cell: B Cell:
Recovering Surgeon: Y. Genyk, MD	Assistant Surgeon: M. Bowdish, MD				

Right Kidney	Right	Renal Anatomy	Left	Left Kidney
Plaque: Soft	Mild	Aortic plaque	Mild	Plaque: Soft
Plaque: Soft	Mild	Arterial plaque	Mild	Plaque: Soft
	No	Infarcted area	No	
	No	Capsule tear	No	
	No	Subcapsular hematoma	No	
	No	Cysts/Discoloration	No	
	No	Pumped	No	
	Yes	Biopsy	No	

RIGHT KIDNEY ANATOMY		LEFT KIDNEY ANATOMY	
Organ Disposition: Transplanted		Organ Disposition: Transplanted	
Length: 10.5 cm	Width: 5 cm	Length: 10.5 cm	Width: 5 cm
Arter (s)#: 1	Distance Apart:	Arter (s)#: 1	Distance Apart:
Aortic Cuff: Yes		Aortic Cuff: Yes	
Are multiple arteries on a common cuff?:		Are multiple arteries on a common cuff?:	
Length: 6 cm cm cm		Length: 5 cm cm cm	
Diameter: 5 mm mm mm		Diameter: 5 mm mm mm	
Vein(s)#: 1	Distance Apart:	Vein(s)#: 1	Distance Apart:
Full Vena Cava: Yes		Patch of Cava: Yes	
Length: 2cm cm cm		Length: 5 cm cm cm	
Diameter: 7 mm mm mm		Diameter: 10 mm mm mm	
Ureter Single/Double		Ureter Single/Double	
Length: 16 cm cm cm		Length: 9 cm cm cm	
Abnormalities: No		Abnormalities: No	
Surgical Damages: No		Surgical Damages: No	
Pumped: No	Requested By:	Pumped: No	Requested By:
Biopsy Results:		Biopsy Results:	
Comments: Single ureter. Biopsy taken from upper pole		Comments: Single ureter.	

OPO Coordinator: Karen Samartan, RN	Recovering Surgeon: Y. Genyk, MD
-------------------------------------	----------------------------------

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Fig 25

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/8/2003 11:11 PST

## INTRAOPERATIVE MANAGEMENT

## HEART DATA

Organ Disposition: Transplanted		Not Recoverd/Reason:	
Flush Solution: UW	Volume: 1 L	Storage Solution: UW	Volume: 1 L
Anatomical abnormality:	No	Comments:	
Surgical damage:	No	Comments:	
Evidence of CV disease?:	No	Comments:	
Recovering Surgeon: W. Cheng, MD		Transplant Program: CACS	Time Recovered: 2315

## LUNG DATA

Organ Disposition: Transplanted		Not Recovered/Reason:	
Flush Solution: Perfindex	Volume: 5 L	Storage Solution: Perfindex	Volume: 2 L
Anatomical abnormality:	No	Comments:	
Surgical damage:	No	Comments:	
RL Recovering Surgeon: M. Barr, MD		Transplant Program: CAUH	Time Recovered: 2335
LL Recovering Surgeon: "		Transplant Program: "	Time Recovered: "

## PANCREAS DATA

Organ Disposition: Not Recovered		Not Recovered/Reason: 216-Organ Refused by all National Program		
Aortic flush	Start Time:	Solution:	Volume:	Char:
Splenic flush (backtable)	Start Time:	Solution:	Volume:	Char:
SMA (backtable)	Start Time:	Solution:	Volume:	Char:
Whole:	Celiac:	Spleen attached:	Portal Vein:	
Anatomical abnormality:	Yes	Comments:		
Surgical damage:		Comments:		
Bowel prep comments:				
Recovering Surgeon:		Transplant Program:	Time Recovered:	

## LIVER DATA

Organ Disposition: Transplanted		Not Recovered/Reason:		
Aortic flush	Start Time: 2301	Solution: UW	Volume: 4,000cc	Char: 4
Portal flush	Start Time: 2301	Solution: Plasmalyte	Volume: 1,000cc	Char: 4
Anatomical abnormality:	No	Comments:		
Surgical damage:	No	Comments:		
Capsule torn:	No	Comments:		
Hematoma:	No	Comments:		
Vessels sent:	Yes	Comments:		
Gall bladder incised:	No	Comments:	Gall bladder remover intact	
Gall bladder flushed:	No	Comments:	"	
Replace rt hepatic:	No	Comments:		
Backtable flush:	No	Comments:		
Biopsy:	No	Result (include % fat):		
Slide sent with liver:	-	If no biopsy, estimate visualized fat content:		
Recovering Surgeon: Y. Genyck, MD		Transplant Program: CAUH	Time Recovered: 2350	

## INTESTINE DATA

Organ Disposition: Not Recovered		Not Recovered/Reason: 216-Organ Refused by all National Program			
Flush	Start Time:	Solution:	Volume:	Char:	
Anatomical abnormality:	Comments:				
Surgical damage:	Comments:				

Fig. 36

Bowel prep comments:
Recovering Surgeon:
Transplant Program:
Time Recovered:

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Fig 37

<http://www.ldtsystems.com/cgi-bin/otrs.cgi>Title: SECURE NETWORK GATEWAY FOR  
ACCESSIBLE PATIENT DATA AND TRANSPLANT  
DONOR DATA

Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application]

Filed: March 31, 2004

Docket No: LDT01-GN001

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3/30/2004

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/7/2003 17:57 PST

## CASE NOTES

07/06/03 Chest Xray at 1730: Evaluation of the lung fields demonstrated no focal infiltrates or effusions. Interpreted by: John Go M.D. 0  
 0805-ARRIVED W/ MELISSA, REPORT OBTAINED FROM ANNETTE & KIM.  
 0815-KAREN UPDATED BY KIM.  
 0840-HEART OFFERED TO CALL, ANNETTE SPOKE W/ SIEGLINDE  
 0850- KIM SPOKE W/ COLEEN CONFIRMING CONSENT FOR PANCREAS FOR TRANSPLANT ONLY, NO RESEARCH.  
 0905-SHERRY CONTACTED RE: CALL REQUEST FOR PULM.ARTERY NEEDED W/ HEART. SHERRY TO CHECK W/ UNOS, WILL CALL BACK.  
 0940- CALL CALLED, SIEGLINDE ACCEPTS HEART BUT WILL NEED PA. NOTIFIED WILL CALL BACK TO LET HER KNOW IF THIS WILL BE POSSIBLE OR NOT.  
 0950- SHERRY CALLED, SPOKE W/ MELISSA. STATES MED. DIRECTOR TO BE CONTACTED RE: CALL SPECIAL REQUEST FOR PA.  
 0955- SHERRY CALLED, STATES PER TOM MONE MUST MAXIMIZE ORGAN PLACEMENT AND OFFER LUNGS.  
 1000-SIEGLINDE NOTIFIED THAT WE WILL TRY TO PLACE LUNGS THEREFORE HEART OFFER IS NOW ON HOLD, WILL NOTIFY ASAP WHEN/IF LUNGS ARE PLACED OR NOT.  
 1005-UNOS CALLED FOR LUNG/LIVER LISTS.  
 1030- TONY CALLED TO REPORT HLA RESULTS.  
 1040-DR. HAYWOOD FROM CALL CALLED US RE: HEART OFFER. STATES PT. HAS SEVERE PULM. STENOSIS. " I THOUGHT THE HEART WAS OFFERED W/ NO SRTINGS ATTACHED". " WE ALREADY TOLD THE PT. ABOUT THE HEART".  
 1050-LUNG OFFERS STARTED  
 1100-MARY IN O.R. NOTIFIED, STATES BOOKED UNTIL 1800 OR 1900.  
 1115- LUNGS, BOTH ACCEPTED BY DR. VAS SHARMA (CAUH).  
 1120- SPOKE W/ STEPHANIE, CACL.  
 1130- SIEGLINDA, (CALL) NOTIFIED OF LUNG PLACEMENT.  
 1140- TONY CALLED (O. PLACEMENT) STILL TRYING TO PLACE PANCREAS, NEED BX OF ONE KIDNEY.  
 1200- HEART OFFERS RESUMED  
 1203- MINNESOTA DECLINED FOR PANCREAS  
 1215- SPOKE W/ JAY RE: FIO2 CHALLENGE TO BE DONE @ 1300.  
 1245- UNOS CALLED TO CLARIFY LS #. NOT LS12812. CORRECT# IS LS12182.  
 1320- PAUL, CAUH ACCEPTED HEART, WILL SEND M.D. TO TMMC TO DO AN ECHO.  
 1330- SPOKE W/ DR. SHIDBAN. WILL PROCURE KIDNEYS, CALL W/ O.R. TIME.  
 1515- ANITA TO INFORM CACL THAT DR. GERYK TO PROCURE KIDNEYS.  
 1530- KAREN AWARE OF O.R. TIME.  
 1545- SPOKE W/ PAUL CACS, AWARE OF O.R. TIME.  
 1559- JAY AWARE OF O.R. TIME  
 1710- DR. SHIDBAN AWARE THAT DR. GERYK FROM CAUH WILL PROCURE KIDNEYS.  
 1215- JAY CALLED TO REQUEST FIO2 CHALLENGE RESULT/ NOTIFIED WILL CALL HIM BACK W/ RESULTS AFTER 1300.

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Fig. 38

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	7/7/2003 3:37 PST

## MEDICAL SOCIAL HISTORY

Mother/Father

1. Do you feel that you knew (the decedent's name) well enough to answer questions regarding his/her medical and social history? YES

2. Under the care of a doctor or receiving any medical treatment?  
Hospitalized or in a long term care facility or psychiatric hospital within the past two years?  
(If yes, please give the physician's name and name of hospital) YES

Donor was a Pharmacist; Had Hx of HTN and self medicated with Inderol. Donor also had Hx of Migraines for approximately 10 years and self medicated with unknown medication.

3. Any serious illnesses, serious infections (bacterial viral or fungal) or surgical procedures performed in the past? YES

In dicated progress note donor had C-section, and hysterectomy.

4. Any limitations in his or her physical activity? NO

5. Cancer or other malignant disease, such as melanoma, leukemia, lymphoma or require therapeutic irradiation or drugs for cancer? NO

6. Suffer from any type of neurological or brain disease such as Alzheimer's, Parkinson's, Creutzfeld Jakob, multiple sclerosis, seizures, confusion, memory loss or any history of brain tumor? Been told they or their family were at risk for Creutzfeld Jakob Disease? In the past 12 months had injections or exposure to rabies? NO

7. Use of human pituitary derived growth hormone? NO

8. Any autoimmune or connective tissue disease such as scleroderma, polymyositis, rheumatoid arthritis, systemic lupus erythematosus, myasthenia gravis? YES

Some carpal tunnel from keyboard work-but had no medical treatment.

9. Any history of asthma, emphysema, or lung disease? Ever had a positive skin test for tuberculosis? Ever been treated for TB? (If yes, when?) NO

10. History of digestive or intestinal problems? Ever had bloody stools, intestinal surgery or intestinal cancer? NO

11. Any history of diabetes? Treated with oral medication? Insulin injections? Duration of treatment? NO

12. Kidney related diseases, such as kiney stones or frequent infections, or require dialysis?  
(If so, dialysis date, duration of treatment and medication) NO

13. History of heart disease such as valvular disease, endocarditis, rheumatic fever, high blood pressure, cardiomyopathy (cause), or chest pains? Take any medications for heart or blood pressure problems?  
(If yes, indicatie date of occurrence and or type of drugs) YES

Hx of HTN; Unknown when diagnosed with HTN. Self medicated with Inderal for HTN-Donor was a Pharmacist.

Fig 38



14. Poor circulation or swelling in the legs, phlebitis, leg ulcers, varicose veins, deep vein thrombosis, or any other venous disorder? History of vascular surgery or trauma to the legs? NO
15. Skin infection such as leprosy, eczema, dermatitis, inflammatory skin disease, or abrasions? NO
16. Any complaints of stiff or sore joints? Any other bone related diseases such as osteoporosis, osteomyelitis? History of broken bones? History of bone or joint surgery? NO
17. Any eye disease such as glaucoma, cataracts, macular degeneration, retinoblastoma, corneal disease or any other eye disease or infection? Any refractive surgery to correct vision or any other eye surgery? (If yes, name of Ophthalmologist, and date of surgery) NO
18. Exposure to cyanide, lead, mercury, pesticides, agent orange (handlers) or any other toxic substance resulting in health problems? NO
19. Vaccination for flu, tetanus, or any other immunizations within the last 12 months? NO
20. Use of prescribed medication, over the counter, herbal medication or vitamins on a routine basis? Any chronic steroid therapy? (If yes indicate type, quantity and frequency of use) YES
- Donor was a Pharmacist and self medicated with Inderal for HTN. Donor also suffered with migraines for approximately 10 years and self medicated with unknown medication. Per dictated note donor took vitamins and wore Estrogen patch.
21. Use of tobacco products? (If yes indicate type, quantity, duration of use) NO
22. Use of alcohol? (If yes indicate type, quantity, duration of use) YES
- 1 beer once weekly.
23. Use of illegal drugs such as cocaine, marijuana or any other illegal drugs? (If yes indicate type, quantity, duration of use) NO
24. Ever received transfusion of blood or blood products? (If yes indicate type, quantity, date) YES
- Received 2 units PRBC's during this admission.
25. Been deferred as a blood donor or told not to donate? (If yes, why?) NO
26. Ever been an organ or tissue transplant recipient such as bone, skin, cornea, kidney, or dura mater? (If yes, indicate date and type) NO
27. Traveled outside of the United States within the past 5 years? Have a history of malaria or taken anti-malaria medication? YES
- Traveled to England in February 2003 for 7 days.

Fig 40

The decedent is 5 years of age or younger.

NA

If yes, go to question 28

If no, check N/A in #28 and proceed to USPHS criteria statement.

28. Is the child 18 months of age or younger, or been breast fed within the preceding 12 months?

NA

If yes, proceed to the following pediatric section. NA

29. For Pediatric Donors (with a yes answer to question 28), complete the following questions for:  
the donor, the mother and if available the father.  
The following information on high risk behavior applies to the donor and the donor's mother donor's father

NA

Donor's father: Name (place in comments section below)

Donor's mother: Name (place in comments section below)

\*\*\*Attach additional pages 3 to 5 as needed.

USPHS current criteria for high risk behavior

The following statement must be read to the person being interviewed.\*\*\*

Yes.

30. Exposed to known or suspected HIV, Hepatitis B, or Hepatitis C infected blood through an accidental needle stick or through contact with an open wound non intact skin or mucus membrane in the past 12 months? Ever vaccinated for Hepatitis B?

NO

31. Exhibited

NO

- a. Unexplained weakness, fatigue or flu like symptoms
- b. Unexplained weight loss
- c. Unexplained night sweats
- d. Blue or purple spots on the skin or mucus membranes
- e. Unexplained lymphadenopathy (swollen lymph nodes) lasting more than 1 month
- f. Unexplained temperature greater than 100.5 for more than 10 days
- g. Unexplained persistent cough or shortness of breath
- h. Persistent white spots in the mouth
- i. Opportunistic infections (e.g. pneumocystis carinii pneumonia)
- j. Unexplained persistent diarrhea
- k. Unexplained nausea or vomiting

32. In the past 12 months have a tattoo, ear or body piercing or acupuncture therapy? Where, by whom, how?

NO

33. Ever been confined to a correctional facility or long term acute care facility? Ever been in jail for more that 3 consecutive days within the past 12 months? (If yes, indicate date and duration of confinement)

NO

34. Born in, lived in, or traveled to any of the following countries since 1977 Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger or Nigeria? While travelling in the above countries, received a blood transfusion or any medical treatment with a product made from blood?

NO

35. Had sexual contact with anyone who was born in or lived in any of the above countries since 1977?

NO

36. Received human derived clotting factor concentrates for hemophilia or any other clotting disorder?

NO

Fig 41

Had sex in the last 12 months with someone who has received clotting factor concentrates?

37. Use a needle to inject drugs into veins, muscle or under the skin for non-medical use in the past 5 years? Or ever? NO  
Had sex in the last 12 months with someone who has used a needle to inject drugs?

38. Engaged in sex for money or drugs in the past 5 years? Or ever? NO  
Had sex in the last 12 months with someone who has engaged in sex for money or drugs?

39. Diagnosed with or treated for syphilis, gonorrhea, herpes or any other sexually transmitted disease in the past 12 months? NO  
(If YES, indicate date of occurrences)

40. Males, Ever had sex with another man, in the past 5 years? Or ever? NA

41. Females, Within the last 12 months, had sex with a man who had sex with another man in the past 5 years? Or ever? NO

42. Ever been diagnosed with or tested positive for HIV, Hepatitis B or Hepatitis C? NO

43. Suffer from any type of liver disease? Any history of jaundice (yellowing of the body) enlarged liver or spleen? Ever been told they had any type of hepatitis? (If YES explain) NO

44. Had sex or close contact in the past 12 months with a person known or suspected to have HIV, Hepatitis B or C infection? NO

45. Do you have any concerns or other information about medical and social history you wish to tell me? NO

46. Are there other individuals that may provide additional information regarding these medical and social history questions? NO

\*\*\*SUPPLEMENTAL QUESTIONS FOR LOS ANGELES, ORANGE, VENTURA, AND SANTA BARBARA COUNTIES\*\*\* YES

Los Angeles County

1. If donor has a history of diabetes treated by insulin injections, was bovine insulin used? NA

2. Ever had Chagas disease? NO

3. Since 1980, spent a total accumulated time of 3 months or more in the United Kingdom or a total accumulated time of 6 months or more in Europe? NO

3a. Ever received a blood transfusion in the UK since 1980? NO

\*\*\*SUPPLEMENTAL QUESTIONS FOR KERN, RIVERSIDE, AND SAN BERNARDINO COUNTIES\*\*\*

1. Employed? Type of work?
2. Has he/she ever had a mole removed or positive Pap smear? What was the cancer free period?
3. did he/she have diseases of unknown origin? Treatment? Recurrence?
4. Active encephallitis or meningitis of viral or unknown etiology in which symptoms have not resolved at least 28 days prior to death or donation.
5. Received human growth hormones between 1963 - 1985?
6. Recent illness? Infection at donation site? If yes, specify type duration, treatment, and date.
7. Was he/she physically active? What type of activities?
8. Received tattoos, piercing, acupuncture in which shared instruments were known or have been used?
9. Ever been in close contact with a person who received organ or tissue transplant from an animal?
10. Males only: Has he had a history of prostate and/or testicular problems?
11. Immigrant from Haiti since 1977?  
If yes: had sexual contact with anyone who was born in or lived in Haiti since 1977? (If yes, answer in comments section below)
12. Was he/she sexually active in the last 5 years?  
If yes: More than one partner in the last 30 days?
13. Has he/she traveled or resided in Europe for greater than 30 days cumulatively since 1980?  
If yes, the questions below must be answered.
  - 13a. In the UK for more than 30 days cumulatively since 1980?
  - 13b. In France for more than 30 days cumulatively since 1980?
  - 13c. Anywhere in Europe for more than 180 days cumulatively since 1980?
14. Having answered the questions about medical diseases and behavioral risk factors, do you have any concerns that it might not be safe to proceed with organ and tissue donation?
15. Have you selected a funeral home yet?

F1943

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Fig. 44

<http://www.ldtsystems.com/cgi-bin/otrs.cgi>

Title: SECURE NETWORK GATEWAY FOR  
ACCESSIBLE PATIENT DATA AND TRANSPLANT  
DONOR DATA  
Inventor: Kalthoff, Robert Michael  
S/N: [new nonprovisional application]  
Filed: March 31, 2004  
Docket No: LDT01-GN001 44 of 63

3/30/2004

HOTLINE - TestOPO - Test Address Line 1 - Test Address Line 2 - Los Angeles , CA 12345 - So. LA

UNOS ID#	Donor Name	OPO ID	Coordinator Name	Current Hospital Unit	Record Updated
DEMO02	Jane Doe	9999	Sample Coordinator	ICU	2/4/2004 9:35 PST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	
YEDJPGYP	Active	LS1212	310-517-4620	310-784-4872	

## VIEW IMAGES/FILE ATTACHMENTS

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Presentation X-Ray sml.jpg Delete  
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brain death declaration 1.jpg Delete

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Fig 45

**END OF PRINT OUT**

*Fig 46*

<http://www.ldtsystems.com/cgi-bin/otrs.cgi>

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DONOR DATA  
Inventor: Kalthoff, Robert Michael  
S/N: [new nonprovisional application]  
Filed: March 31, 2004  
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3/30/2004

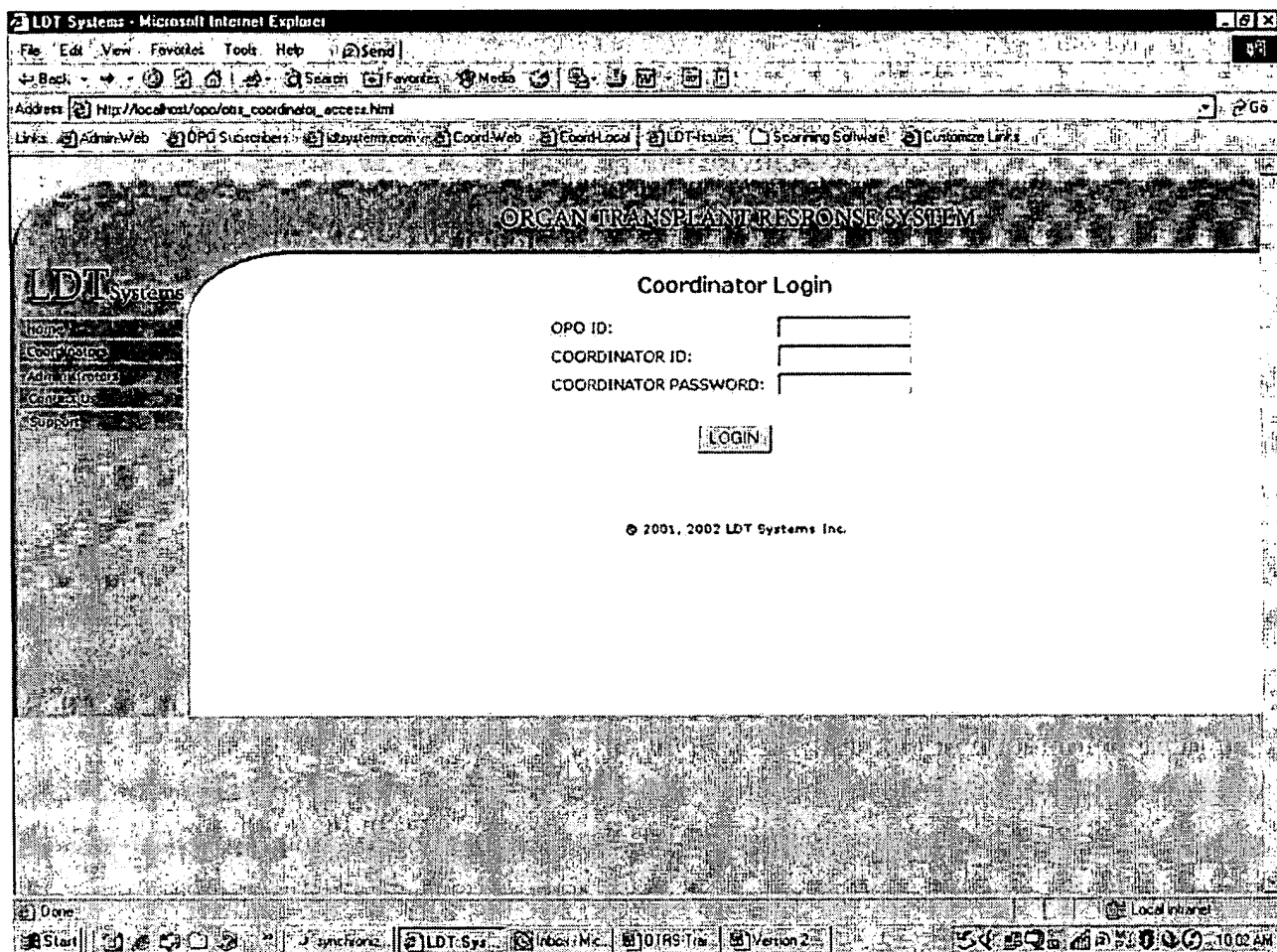


Fig. 47

Title: SECURE NETWORK GATEWAY FOR  
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DONOR DATA  
Inventor: Kalthoff, Robert Michael  
S/N: [new nonprovisional application]  
Filed: March 31, 2004  
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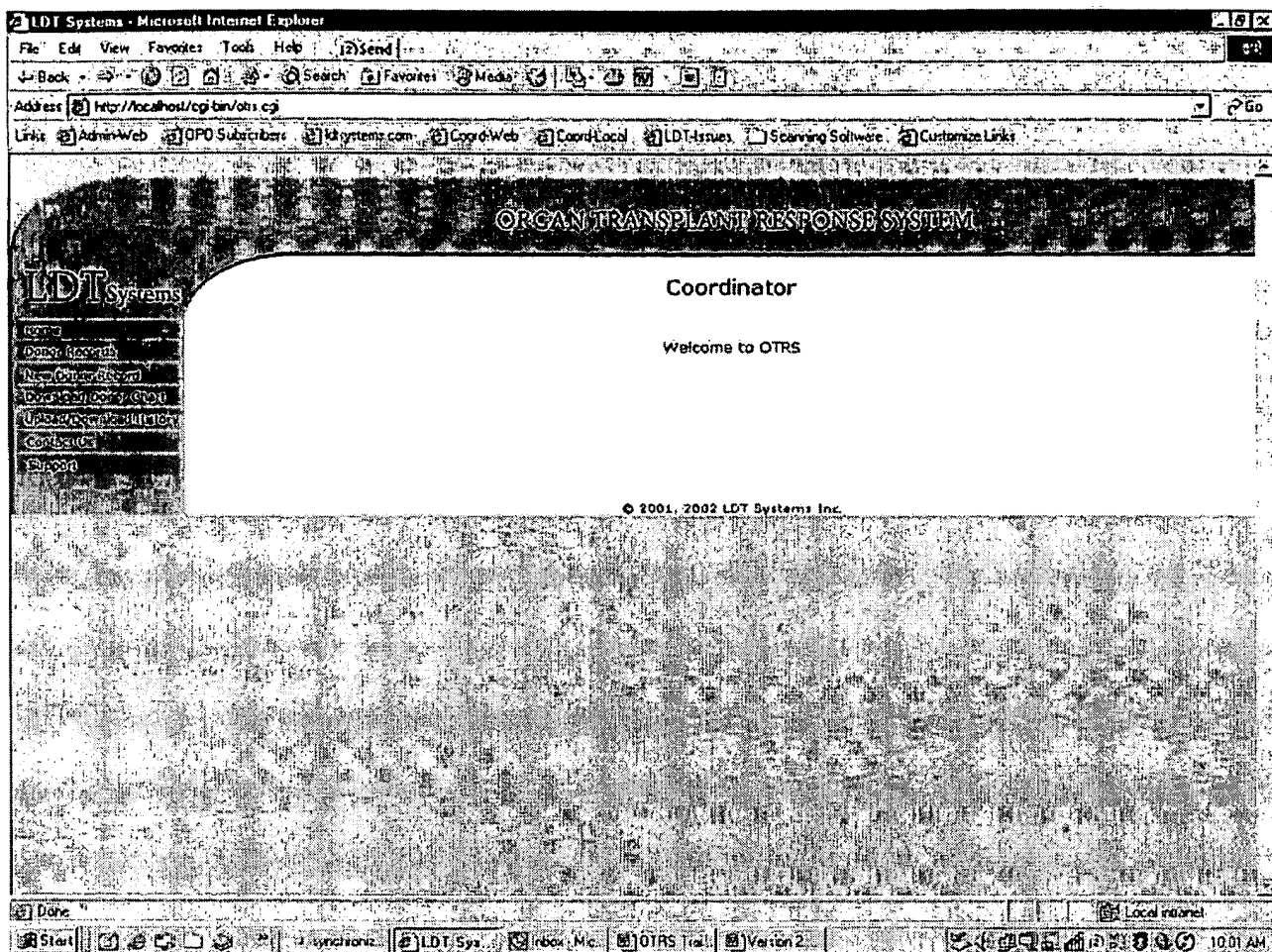


Fig. 48

Title: SECURE NETWORK GATEWAY FOR  
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DONOR DATA

Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application]

Filed: March 31, 2004

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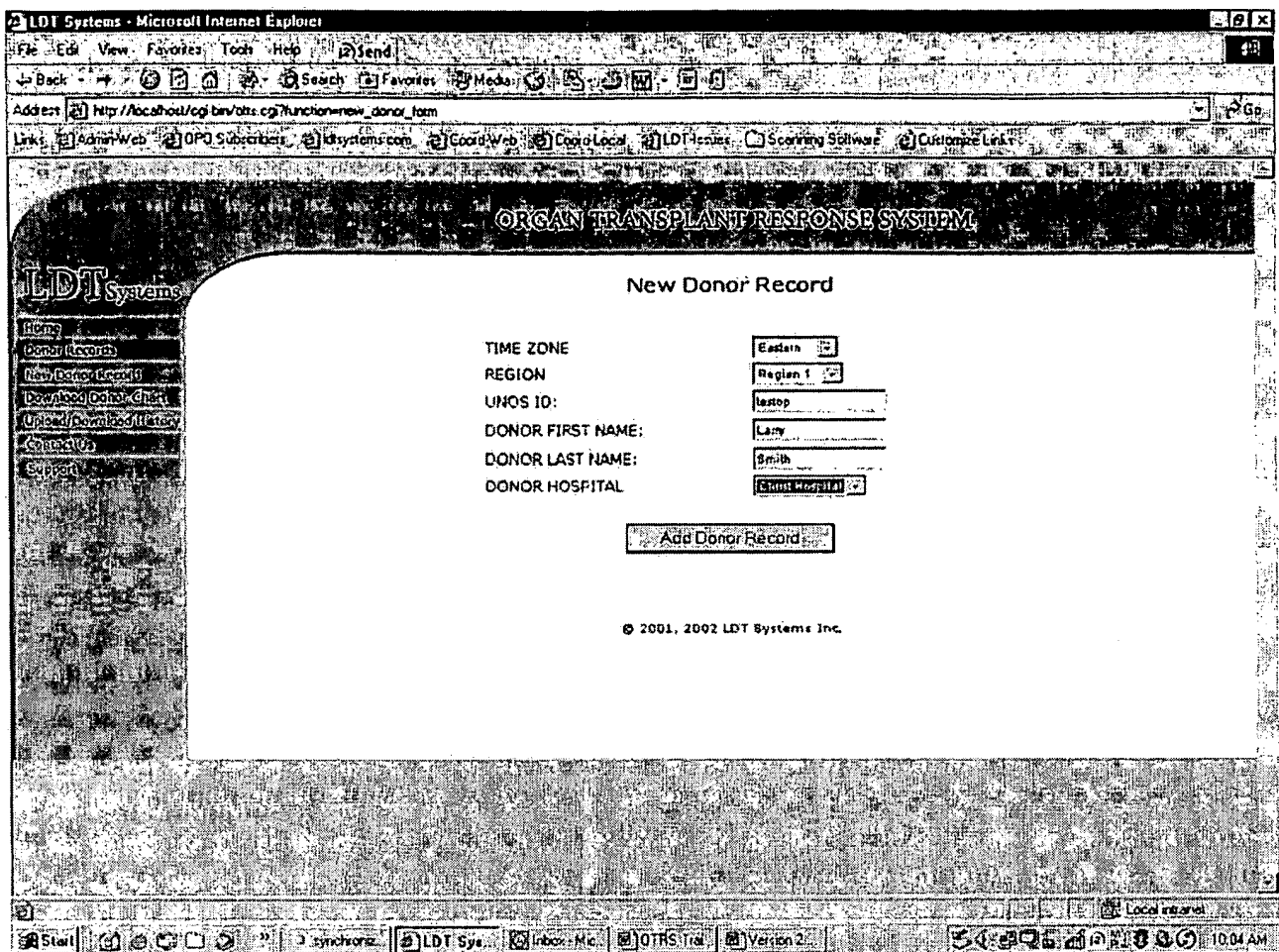


Fig. 49

Title: SECURE NETWORK GATEWAY FOR  
ACCESSIBLE PATIENT DATA AND TRANSPLANT  
DONOR DATA

Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application]

Filed: March 31, 2004

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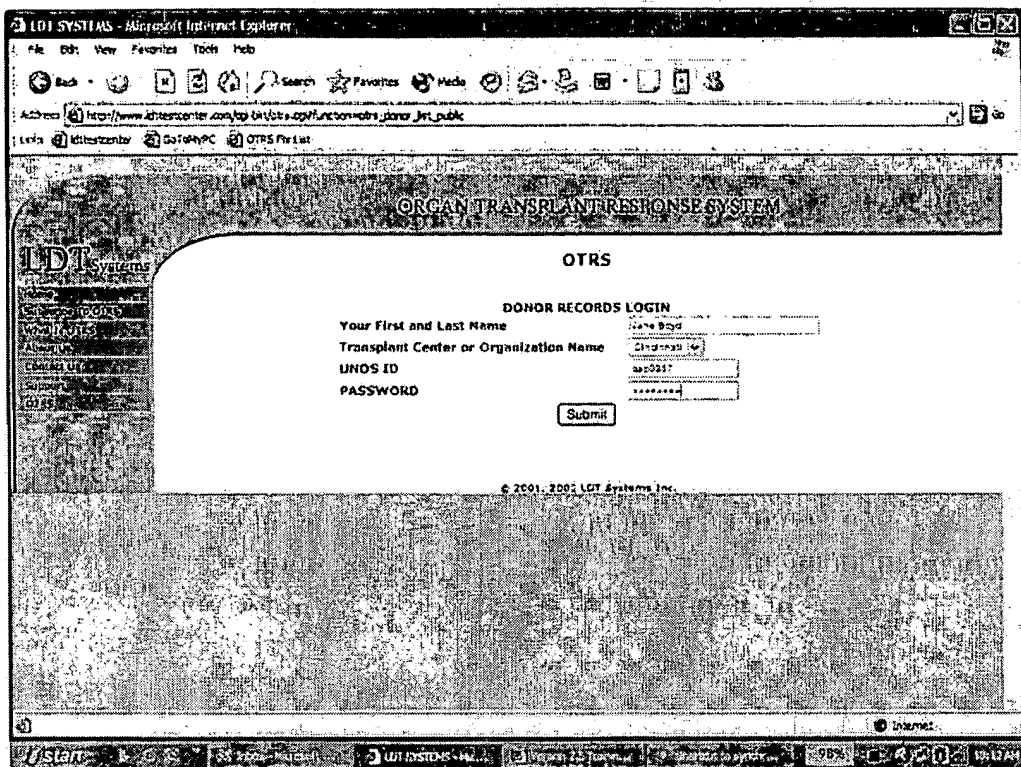


Fig. 50

Title: SECURE NETWORK GATEWAY FOR  
ACCESSIBLE PATIENT DATA AND TRANSPLANT  
DONOR DATA

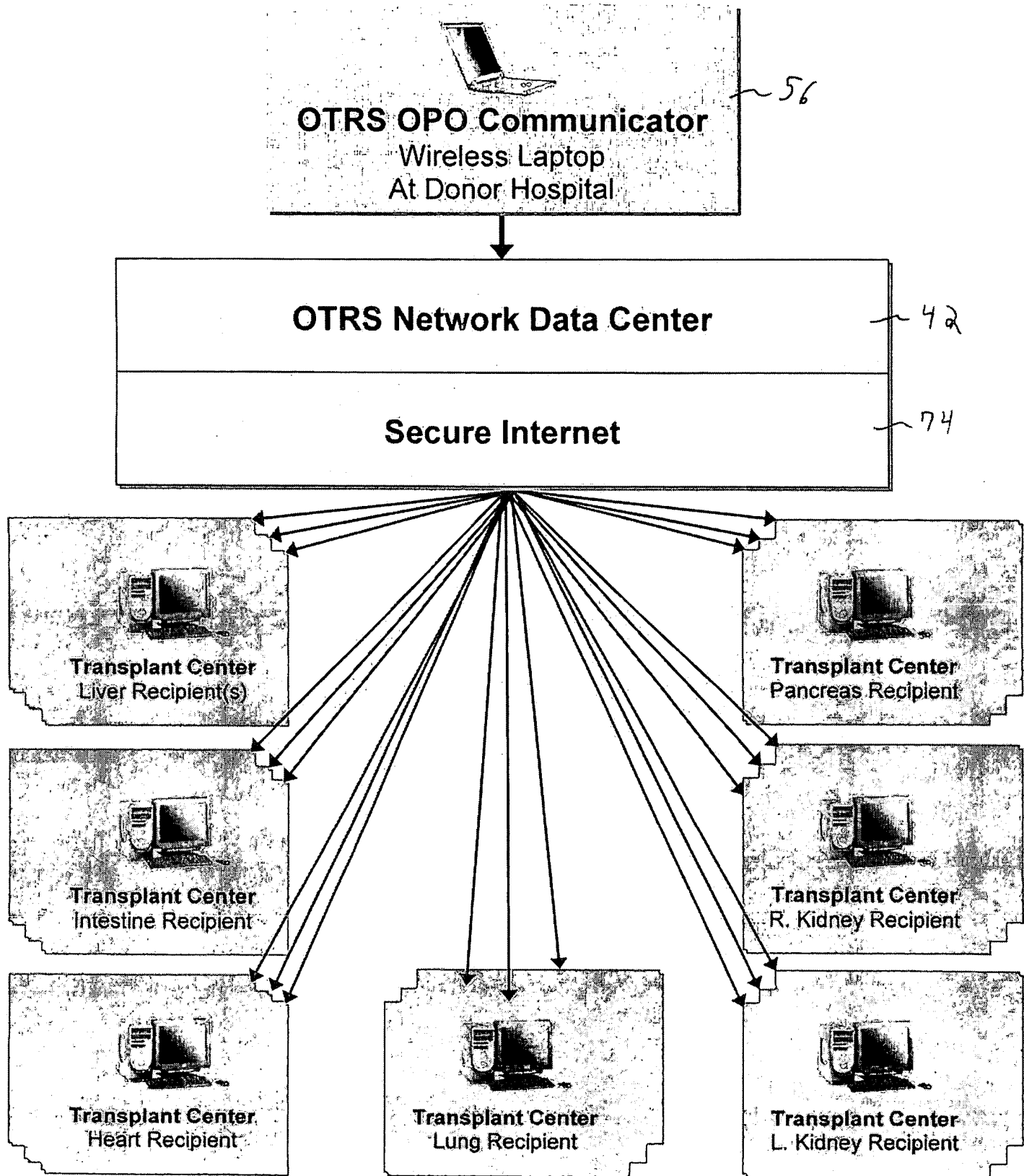
Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application]

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Title: SECURE NETWORK GATEWAY FOR  
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DONOR DATA

Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application]

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Fig. 51

## OTRS Data Security

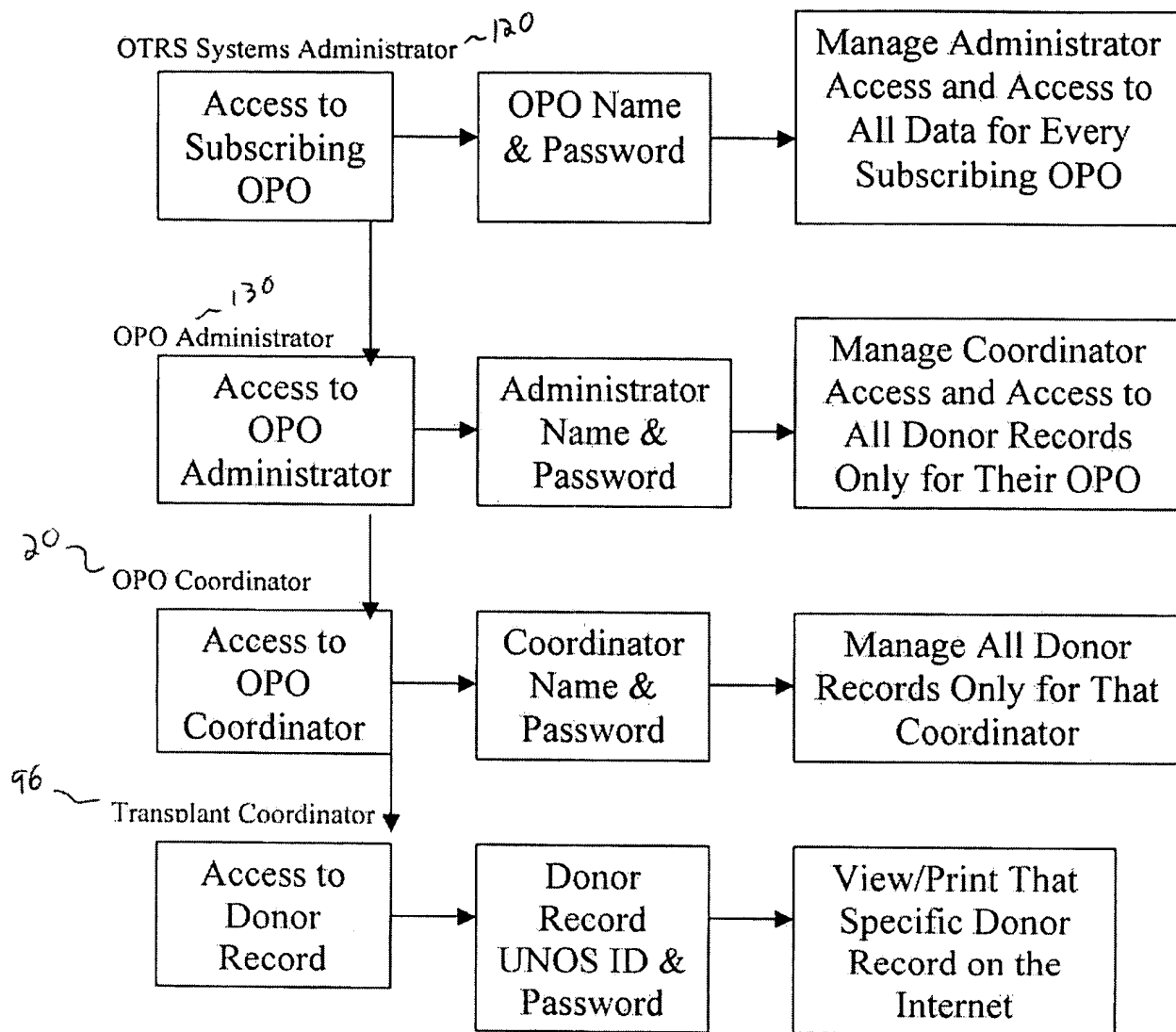


FIG. 52

OTRS SUBSCRIBERS - Microsoft Internet Explorer provided by RunaRunner

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Customer Links Coord-Hotel Coord-Web LDT Man LDT Systems

### OPO SUBSCRIBERS

ADD NEW OPO SUBSCRIBER

OPO Name	City, State	Administrator	Phone	OPO ID
Bob and Gert DPC	Verona, NJ	Donald Kraft	513-290-6884	8HC
Test Legato	Cincinnati, OH	Mike Kethen	513-784-9102	CHIC1234
Test Legato	Los Angeles, CA	LOT System Test		9999
Test Legato	Los Angeles, CA	Wynndi Peterson	213-413-4219	CACP
California Transplant Center Network	Oakland, CA		888-370-8400	CACN
Test Legato Michigan	Ann Arbor, MI	Angene Kline	734-673-1377	COEM
Test Legato Michigan	Ann Arbor, MI	Angene Kline	734-673-1377	Test Legato
Massachusetts Organ Recovery Agency	Jackson, MS	Chris McDermid	401-433-1700	MSOP
Ohio Valley LifeCenter	Cincinnati, OH	Mara Sammons	513-320-3333	OHCV
Test Ohio Valley LifeCenter	Cincinnati, OH	Mara Sammons		TEST OHCV

start

Fig. 53

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LDI Systems - Microsoft Internet Explorer provided by Roadrunner

ORGAN TRANSPLANT RESPONSE SYSTEM

Test Page  
Los Angeles, CA  
000 ID 0000

Administrator

Donor List

UNOS ID	PASSWORD	DONOR	HOSPITAL CITY, STATE
TEST000001	TEST000001	TEST000001	Univ of Calif - CA - 04
STATUS	CONSENT - O/F	RECOVERY - O/F	TIME ZONE
Active			CHANGE STATUS?
			YES
UNOS ID	PASSWORD	DONOR	HOSPITAL CITY, STATE
TEST000002	TEST000002	TEST000002	Univ of Calif - CA - 04
STATUS	CONSENT - O/F	RECOVERY - O/F	TIME ZONE
Active			CHANGE STATUS?
			YES
UNOS ID	PASSWORD	DONOR	HOSPITAL CITY, STATE
TEST000003	TEST000003	TEST000003	Univ of Calif - CA - 04
STATUS	CONSENT - O/F	RECOVERY - O/F	TIME ZONE
Active			CHANGE STATUS?
			YES
UNOS ID	PASSWORD	DONOR	HOSPITAL CITY, STATE
TEST000004	TEST000004	TEST000004	Univ of Calif - CA - 04
STATUS	CONSENT - O/F	RECOVERY - O/F	TIME ZONE
Active			CHANGE STATUS?
			YES

LDI Systems

Fig. 55



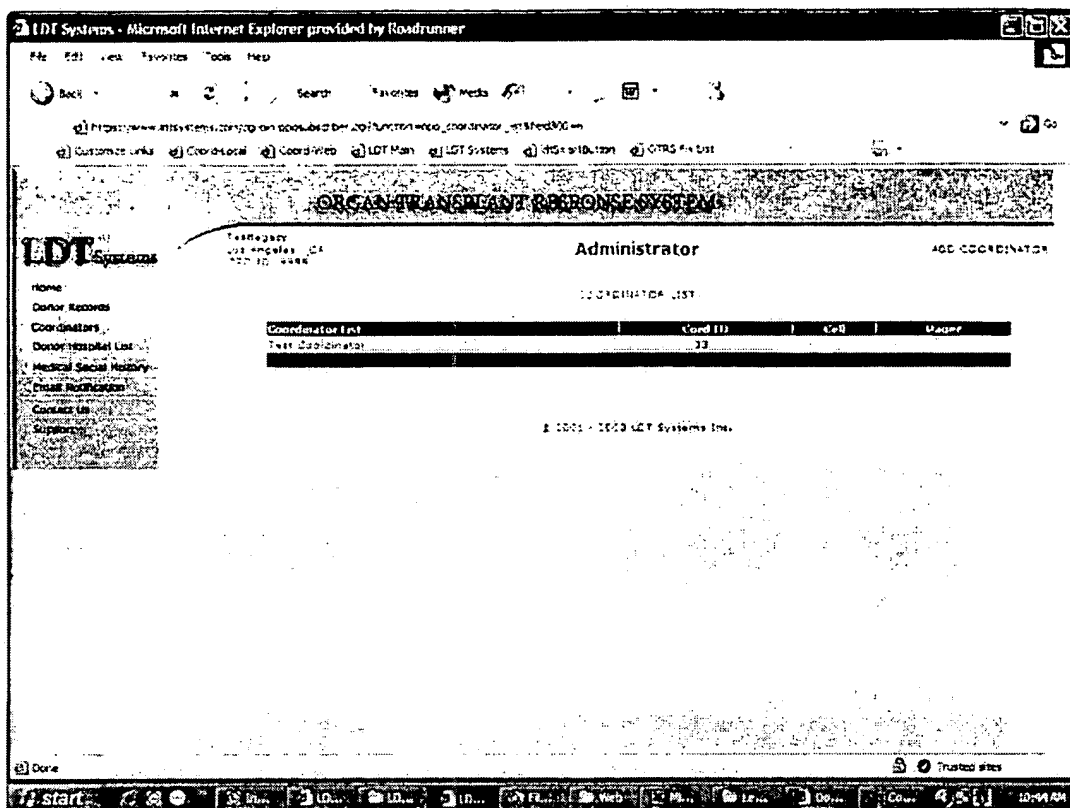


Fig. 56

Title: SECURE NETWORK GATEWAY FOR  
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DONOR DATA  
Inventor: Kalthoff, Robert Michael  
S/N: [new nonprovisional application]  
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Medical Social History - Microsoft Internet Explorer

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Address: <http://www.lifescenter.com/cgi-bin/obis.cgi>

Links: Lifescenter Go to HPC OTIS Fax List

Page 11 of Medical Social History

Go v 2.50 EDIT

HOTLINE 800-338-6112 - OneLegacy - 2200 West Third Street - Suite 400 - Los Angeles - CA 90057 - So. LA

UN05 ID#	Donor Name	OP01D	Coordinator Name	Current Hospital Unit	Record Updated
T011234	Harry Callahan	CAOP	Tim Fish		10/6/2002 10:50 CST
Password	Status	Referral #	Hospital Unit Phone	Hospital Unit Fax	Page Updated
FDICQIFL	Active				10/6/2002 10:50 CST

**MEDICAL SOCIAL HISTORY**

1. Do you feel that you knew (the decedent's name) well enough to answer questions regarding his/her medical and social history?	YES	Mother/Father
2. Under the care of a doctor or receiving any medical treatment? Hospitalized or in a long term care facility or psychiatric hospital within the past two years? (If yes, please give the physician's name and name of hospital) Sample Date is here.	NO	
3. Any serious illnesses, serious infections (bacterial, viral or fungal), or surgical procedures performed in the past?		
4. Any limitations in his/her physical activity?		
5. Cancer or other malignant disease, such as melanoma, leukemia, lymphoma or require therapeutic irradiation or drugs for cancer?		
6. Suffer from any type of neurological or brain disease such as Alzheimer's, Parkinson's, Creutzfeldt-Jakob, multiple sclerosis, seizures, confusion, memory loss or any history of brain tumor? Beon told they or their family were at risk for Creutzfeldt-Jakob Disease? In the past 12 months had injections or exposure to rabies?		
7. Use of human pituitary-derived growth hormone?		
8. Any autoimmune or connective tissue disease such as scleroderma, polymyositis, rheumatoid arthritis, systemic lupus erythematosus, myasthenia gravis?		
9. Any history of asthma, emphysema, or lung disease? Ever had a positive skin test for tuberculosis? Ever been treated for TB? (If yes, when?)		
10. History of digestive or intestinal problems? Ever had bloody stools, intestinal surgery or intestinal cancer?		
11. Any history of diabetes? Treated with oral medication? Insulin injections? Duration of treatment?		
12. Kidney related diseases, such as kidney stones or frequent infections, or require dialysis? (If so, dialysis date, duration of treatment and medication)		

Done Internet

Fig. 57

Title: SECURE NETWORK GATEWAY FOR ACCESSIBLE PATIENT DATA AND TRANSPLANT DONOR DATA

Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application]

Filed: March 31, 2004

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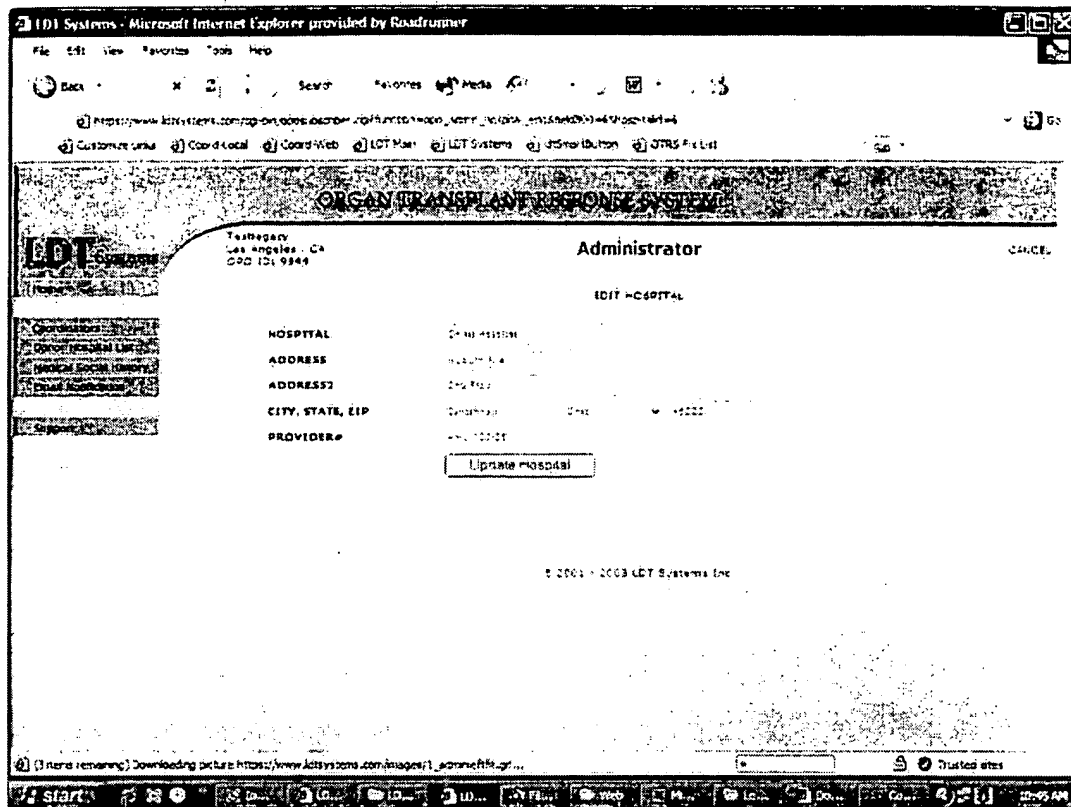


Fig. 59

Title: SECURE NETWORK GATEWAY FOR  
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DONOR DATA  
Inventor: Kalthoff, Robert Michael  
S/N: [new nonprovisional application]  
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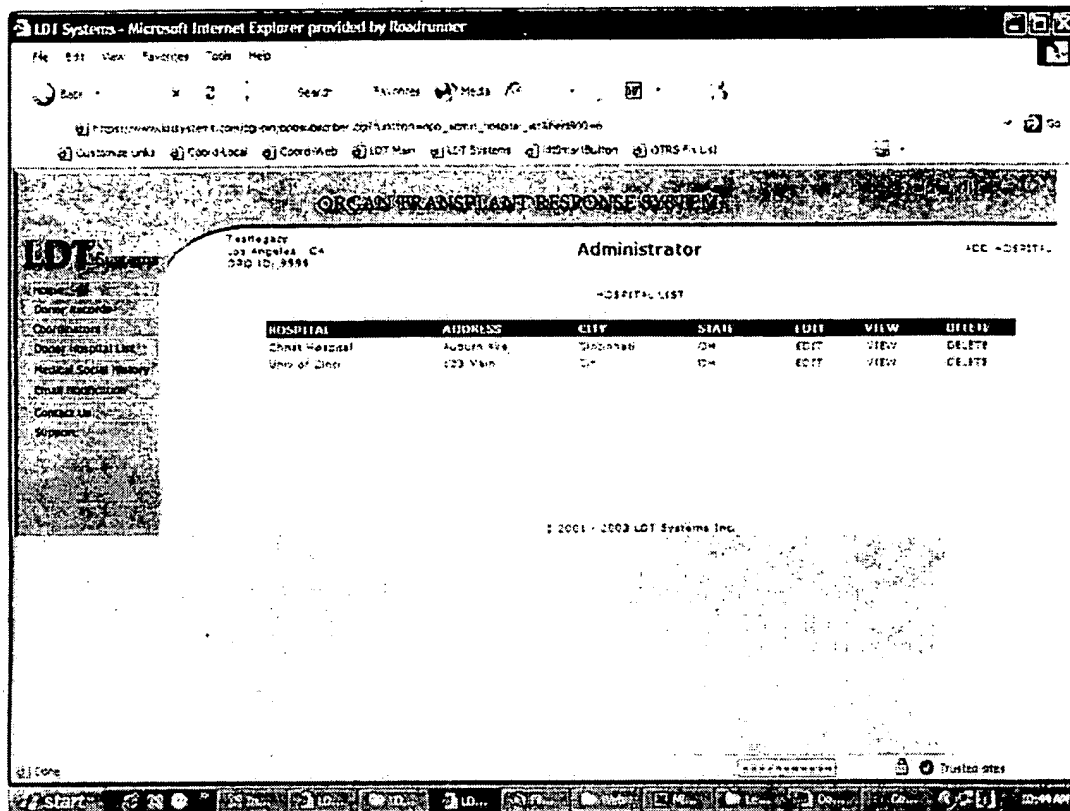


Fig. 60

Title: SECURE NETWORK GATEWAY FOR  
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DONOR DATA

Inventor: Kalthoff, Robert Michael

S/N: [new nonprovisional application]

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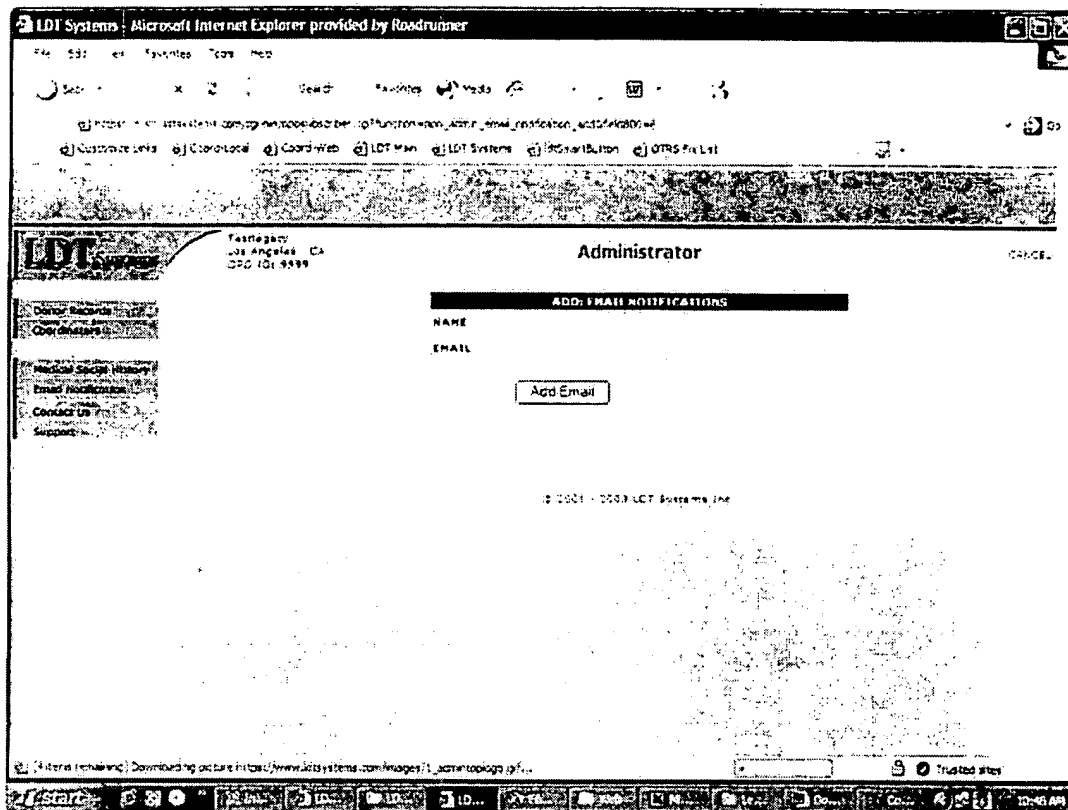


Fig. 61

Title: SECURE NETWORK GATEWAY FOR  
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DONOR DATA

Inventor: Kalthoff, Robert Michael  
S/N: [new nonprovisional application]  
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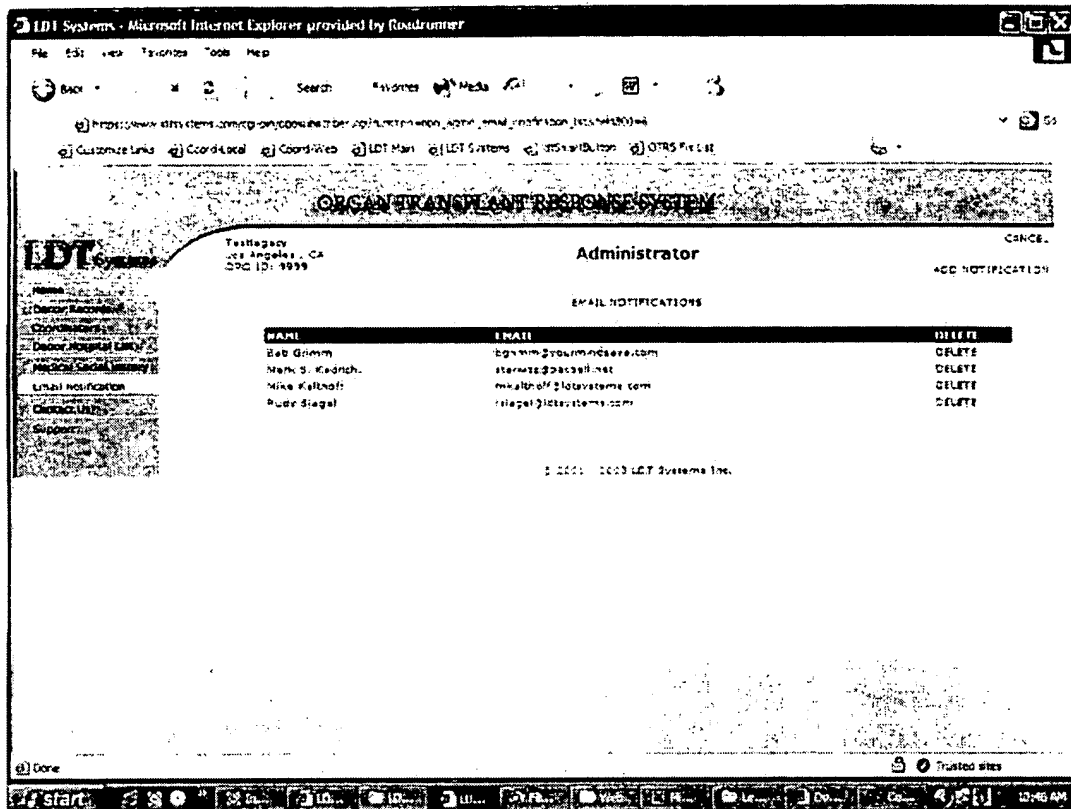


Fig. 62

Title: SECURE NETWORK GATEWAY FOR  
ACCESSIBLE PATIENT DATA AND TRANSPLANT  
DONOR DATA

Inventor: Kalthoff, Robert Michael

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# OTRS Tissue Data Flow

## From Donor Hospital to Tissue Transplant Hospital

